

Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT RESIGNATION
INMUHEALTH GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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2020 OCT -6 PM 4:47

SECRETARY OF STATE
DIVISION OF CORPORATIONS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ALTAGRACIA A. VICTORIA

Name of Registered Agent

, hereby resigns as

Registered Agent for INMUHEALTH GROUP LLC

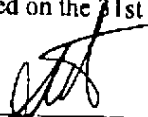
Name of Limited Liability Company

L17000069138

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314