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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTION-I CYBERNETICS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

WILLIAM CLAPHAM
(Contact Person)

OPTION-I CYBERNETICS, LLC
(Firm/Company)

13506 SUMMERPORT VILLAGE PKWY #738
(Address)

WINDERMERE, FL 34786
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM CLAPHAM at (508) 725-2405
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: OPTION-1 CYBERNETICS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000072494

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09-16-19

4. I, GUIDO VENIER, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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