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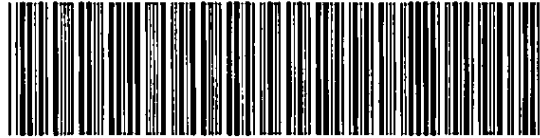
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2019 MAR 15 P 7:22

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVEMEDCONNECT, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000034216

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JON BELKIN

Name of Person

Livemedconnect, LLC

Name of Firm/Company

3909 NE 163RD STREET, SUITE 305

Address

NORTH MAIMI FLORIDA, FL 33160

City/State and Zip Code

JONBELKIN@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON BELKIN

at (

786

436-4396

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

FILED
2019 MAR 15 P 7:22
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ANGELA AUSTIN

, hereby resigns as

Name of Registered Agent

Registered Agent for LIVEMEDCONNECT, LLC

LIVEMEDCONNECT, LLC

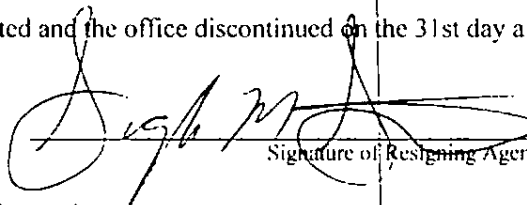
Name of Limited Liability Company

L18000034216

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

FILED
2016 MAR 15 P 7:22
TALLAHASSEE, FLORIDA
CLERK OF COURT