

# L18000034214

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

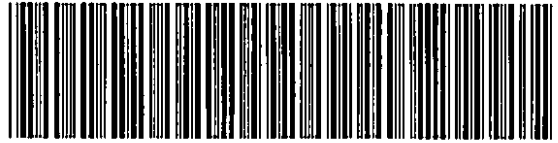
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 MAR 21 PM 1:25

U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

C. GOLDEN

ACR -1 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIVEMEDCONNECT, INC  
(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:

JON BELKIN

(Contact Person)

LIVEMEDCONNECT, INC

(Firm/Company)

3909 NE 163RD STREET, SUITE 305

(Address)

NORTH MIAMI BEACH, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

JON BELKIN

(Name of Contact Person)

at 786 436-4396  
(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



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: LIVEMEDCONNECT, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000034216

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/26/2019

4. I, Elina V Sibony, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

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

*Elina Sibony*

Signature of Dissociating Member or Resigning Manager

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

FILED  
2019 MAR 21 PM 1:25  
TALLAHASSEE, FL