

L18000213083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

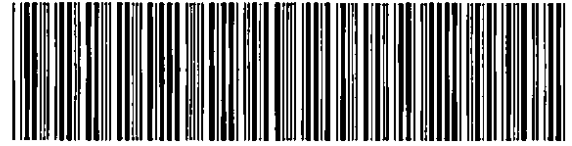
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Digimed Technologies, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000213683

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/20/2024

4. I, April Powers, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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

DocuSigned by:

A handwritten signature in black ink, appearing to read "April Powers".

Signature of Dissociating Member or Resigning Manager

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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DocuSigned by:
A handwritten signature in black ink, appearing to read "April Powers".
DocuSign Envelope ID: 03ED60F8-B118-4D1A-B8E4-3B16FACBC825

Signature of Dissociating Member or Resigning Manager

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