

h20 000 176501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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UNIVERSITY IMAGING CENTER "LLC"

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RE

708/4 Lantern Key Dr

22

Lake Worth, FL 33463

561  
at (\_\_\_\_\_)

(Area Code & Daytime Telephone Number)

## The M

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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2021 AUG 16 PM 5:05

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: UNIVERSITY IMAGING CENTER "LLC"

2. The Florida document/registration number assigned to this limited liability company is:  
L20000176501

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2021

4. I, RONY RENEUS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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