h20000176501

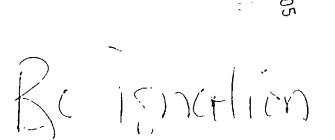
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600371621246

08/16/21--01012--007 **25.00

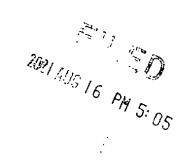


AUS I C INT.

COVER LETTER

_	stration Section sion of Corporations		-	
SUBJECT:	UNIVERSITY IMAGING CEN			
(Name of Limited Liability Company)				
The enclose	d member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return	n all correspondence concern	ing this matter to:		
RONY RENE	tus			
	(Contact Person)		_	
	(Firm/Company)		_	
VEST PALM	(City/State and Zip Code)	ern hay i	i 33463	
For further i	information concerning this r	natter, please call:		
RONY RENE	rus	561 at (255-3756	
(1)	Name of Contact Person)	(Area Code	255-3756 _) e & Daytime Telephone Number)	
Enclosed plo	ease find a check made payal ig Fee		Department of State for: g Fee & Certified Copy	
Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	





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)

2. The Florida document/registration number	er assigned to this limited liability company is:
L20000176501	
3. The date this member/manager withdrew	/resigned or will withdraw/resign is:
4. 1. RONY RENEUS (Print Name of Person Resigning)	hereby withdraw/resign as a
AMBR	
(Print Title)	_,
of this limited liability company and affirr resignation in writing.	n the limited liability company has been notified of my
Que so	
Signature of Dissociating Member or Re	esigning Manager

Certified Copy: \$30.00 (Optional)