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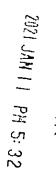
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FFR 1 7 2021

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: MBSV MEDICA (Name of Limit	1/ GROUP CC red Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Richard Haza (Contact Person)	
The High UC (Firm/Company)	
11440 Taka Driver	
Plantation F 33 (City/State and Zip Code)	325
For further information concerning this matte	r, please call:
Richard Hall (Name of Contact Person)	at (786) 853-0233 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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 lin	nited liability company a	as it appears on the records o	of the Florida D	Department
of State is:	Florisa			 -
	ent/registration number a	assigned to this limited liabi	lity company i	s:
3. The date this mem	ber/manager withdrew/re	signed or will withdraw/resi	ign is: <u>கேச</u>	1, 202
4. 1, Bory AS De V	160ENA RORA i M e of Person Resigning)	/4 , hereby withdraw/res	sign as a	
<u>A 7</u>	int Title)			
of this limited liabil resignation in writing	· · · · · · · · · · · · · · · · · · ·	he limited liability company	/ has been noti	fied of my
Poraisua.	<u> B· ele (Jalbura</u> ociating Member or Resi			2021 JAN 1 1
Filing Fee: Certified Copy:				PH 5: 3