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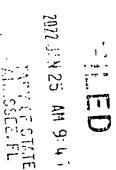
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COVER LETTER

TO:, Registration Section **Division of Corporations** INVINCIBLE PHYSICIAN LLC **SUBJECT:** (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: Valerie Barnhart, Esq. (Contact Person) Barnhart Law Firm (Firm/Company) 12555 Orange Drive, Second Floor (Address) Davic, FL 33330 (City/State and Zip Code) For further information concerning this matter, please call: 526-1814 Valerie Barnhart, Esq. (Area Code & Daytime Telephone Number) (Name of Contact Person)

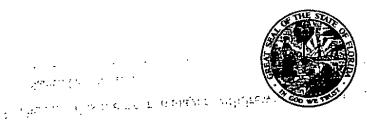
Enclosed please find a check made payable to the Florida Department of State for:

Mailing Address:

□ \$25 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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)

1. The name of the l			rs on the records of	the Florida D	epartm	ent
of State is:	CIBLE PHYSICIAN LI	LC	<u> </u>			<u>_</u> ·
2. The Florida docum	ment/registration nu	ımber assigned t	o this limited liabil	ity company is	3:	
L21000197443		romenterische <u>e die sterr</u> en	4 114, 1 1			
3. The date this mer				gn is:	<u>-</u>	
4. I, Samantha Schneid	ler	, he	ereby withdraw/res	ign as a		
(Print No	ume of Person Resigning	છ)				
Manager		7 7: A			792	
(Print Title)				-	2 35	
of this limited liab	oility company and a ting.	affirm the limite	d liability company	_ "" •		my.
Signature of Di	ssociating Member	or Resigning M	anager	SSEE, FL	9:43	
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Optiona					