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Division of Corporations

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Fax Number : (950)617-6383

From:

Account Name : FOLEY & LARDNER Account Number : 1199820200417 Phone : (407)423-7656 Fax Number : (407)648-1743

LLC DISSOLUTION OR WITHDRAWAL INSURMEDIX INSURANCE SERVICES, LLC

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability	ty company is				
	Insurmedix Insurance Services	LLC				
2.	The Articles of Organization	were filed on 01/26/203	2	and assigned		
	document number L2200004	7294	-			
3.	The delayed effective date the teffective in Mote: If the date inserted in the histed as the document's effective in the date in the mote in the date in the document's effective in the document's effective in the date in t	date cannot be prior to or mornis block does not meet the	e than 90 days later than date applicable statutory filing	document is received fi	v filing) te will n	oi be
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limit copy 605,0707 on back of	ed liability company's deover letter).	issolution pursuffit	10 <b>22</b> 2 S	)D
	There are no remaining membe	rs		ايراب	_ <u>`</u> \.	
				<b>新</b>	<u>-</u>	_
				<u>~~~~</u>	-5	
				in to the second	<b>7</b> 5	D
				AIE	28	 4))
5.	If there are no members, ento activities and affairs:	er the name and address David Schnobrick	of the person appointed	to wind up the com	pany's	*77
		Boca Raton, Fl. 33431				
					<del></del>	
6. at	Signature of an authorized pove to wind up the company	erson or if there are no r s activities and affairs:	nembers, the signature o	it the person appoin	ted and	listed
`	DATO		David Schnobrick			
~~	Signature		Printe	d Name		
		FILING F	EE: \$25.00			