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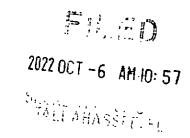
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations CELL MEDIC REPAIRS 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: Jordan Lulich (Contact Person) Lulich & Attorneys, P.A. (Firm/Company) 1069 Main Street Address) Sebastian, Florida 32958 (City/\$tate and Zip Code) For further information concerning this matter, please call: Jordan Lulich (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL B2314 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	limited liability compa	ny as it appears on the records of the Florida Department
of State is: CELL	MEDIC REPAIRS LLC	·
2. The Florida docu L22000286087	menuregistration numb	per assigned to this limited liability company is:
3. The date this me	mber/manager withdrev	w/resigned or will withdraw/resign is:
4. I. Zachary T. Jenne	ss	hereby withdraw/resign as a
	une of Person Resigning)	. C
Manager —		<u></u> ;
(Print Title)	
of this limited liab resignation in wri		rm the limited liability company has been notified of my
Zachary jen	ness	
Signature of Di	ssociating Member or F	Resigning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	