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	stration Section		
Divis	sion of Corporations		
SUBJECT:	Brice Biolab LLC		
	(Name of L	imited Liability Co	энрапу)
The enclosed	f member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return	all correspondence concernir	g this matter to	:
lrwin Kendall			
	(Contact Person)		<del>.</del>
BriceBiolab			
	(Firm/Company)		_
1181 Sawgrsss	Corporate Parkway		
	(Address)		_
Sunrise, Florida	1 33323		
	(City/State and Zin Code)	<del></del>	<del>-</del>
or further in	formation concerning this ma	tter, please call:	
rwin Kendall		954 at (	494,5032
(Na	ame of Contact Person)		& Daytime Telephone Number)
inclosed plea  \$25 Filing	se find a check made payable Fee		Department of State for: g Fee & Certified Copy
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Mailing Address: 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

CR2E079 (2/14)



## 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)

	e Biolab LLC  rument/registration number assigned to this lim	
3. The date this me	ember/manager withdrew/resigned or will with	ndraw/resign is:
4. I, Amanda Fernan	hdraw/resign as a	
Mgr		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability iting.	company has been notified of my
Signature of D	issociating Member or Resigning Manager	en (1)
	\$25.00 (Required)	S1 40M 12