## 6240000 18618

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
EDMD Consulting LLC SUBJECT:	
(Name of Limited Liabil	lity Company)
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter	ter to:
Ivette Motola	
(Contact Person)	
EDMD Consulting LLC	
(Firm Company)	
13060 Keystone Terrace	المبرغ ا
(Address)	
North Miami, FL, 33181	2.1
(City State and Zip Code)	
For further information concerning this matter, please	e call:
Ivette Motola 305 at (	331-9889
	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo ■ S25 Filing Fee	orida Department of State for: Filing Fee & Certified Copy
= 323 1 milg rec	Tring ree a certified copy
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



## 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)

of State is:	ID Consulting LLC		
2. The Florida doc 1.24000018618	ument/registration number a	ssigned to this limited liab	oility company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/re	7/5/2024 sign is:
4. I. John E Sullivan, hereby withdraw/resign as a, hereby withdraw/resign as a,		noinm as a	
(Print 8	Name of Person Resigning)		rsign as a
Member			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compan	y has been notified of my
	In E Gullly		r~>
	· · · · · · · · · · · · · · · · · · ·		,
Signature of D	issociating Member or Resig	ining Manager	
		ming Manager	Europe de la companya
Filing Fee:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ming Manager	PH CONTRACTOR