

M03 000000 / 805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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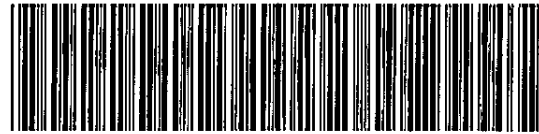
(Business Entity Name)

(Document Number)

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FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medibroker International, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Leslie Smith  
(Name of Person)

Medibroker International, LLC  
(Firm/Company)

224 Datura Street, Suite 314  
(Address)

West Palm Beach, FL 33401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Fedoriw, CPA at ( 561 ) 997-7242  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

CR2ED79 (R05)

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FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Francine Lafontaine-Smith, hereby resign as managing Member  
(Title)  
of Medibroker International, LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Delaware,  
and affirm that the limited liability company has been notified in writing of the resignation.

Francine Lafontaine-Smith  
(Signature of resigning manager, managing member or member)

6 Sept 2005

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

CR2E079 (8/05)

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CORPORATIONS  
FLORIDA

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