

M03000001805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

M03-1805

(Document Number)

Certified Copies _____ Certificates of Status _____

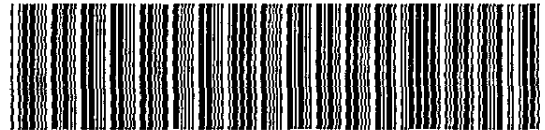
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10/24 Mem Rec.

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SECRETARY OF STATE
TALLAHASSEE 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 Fedoriv, 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

CR27079 (8/05)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Dominique Dumont, hereby resign as 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.

[Signature]
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6317
Tallahassee, FL 32314

CR25079 (8/05)

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TALLAHASSEE FLORIDA