Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

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Email Address:__

LLC REGISTERED AGENT RESIGNATION ALCIMEDE LLC

Certificate of Status	0
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From:302-575-1642

4220003999883

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Fl	orida Statutes, the undersigned,
AGENTS AND CORPORATIONS, INC.	, hereby resigns as
Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	
ALCIMEDE LLC	:
Name of Limited	Liability Company
M08000001000	
Document Number, if known	•
	re listed limited liability company at its last known address, ued on the 31st day after the date on which this statement is filed.
All m)	Warrange of Resigning Agent 80V 2
If signing on behalf of an entity:	V 2
JOHN L. WILLIAMS	$\mathbf{z} = \mathbf{z}$
Турес	For Printed Nature
PRESIDENT	= 20
	Capacity 27

FII.ING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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