## M/600000 7726

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(Address)					
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(City/State/Zip/Phone #)					
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2011 JUN 19 AN 8-01

J. HARRIE

## COVER LETTER

Registration Section Division of Corporations

TO:

	Medigus USA, L	LC	
SUBJECT:	•	of Limited Liability	/ Company
DOCUMENT NUI	M44C00000	-	
The enclosed Resig for filing.	nation of Registered A	gent for a Limited	d Liability Company and fee are submitted
Please return all cor	respondence concernin	g this matter to the	he following:
Diane Kalinow	ski		
	Name of Person		-
MyLLC.com, In	c.		
	Name of Firm/Company		•
1910 Thomes A	ve		
	Address		-
Cheyenne, WY	82001		
	City/State and Zip Code		-
service@myllc.	com		
E-mail address: (to	o be used for future annual:	report notification)	-
For further information	tion concerning this ma	itter, please call:	
Diane Kalinov	vski	888	<b>886-9552</b>
Nam	ne of Person	Area Code	886-9552 ) Daytime Telephone Number
Enclosed is a check liability company of liability company.	made payable to the F r \$25.00 for an adminis	iorida Departmen tratively dissolve	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited
MAILING ADDR	ESS:	STRE	ET ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Registration Section Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115	5, Florida Statutes, the undersigne	d,		
InCorp Services,	Inc.	, hereby resigns as			
	Name of Registered Agen		, <u></u>		
Registered Agent for	Medigus USA, L	LC			
	Name of Limi	ited Liability Company		<del></del> '	
M16000007726					
Document Nu	mber, if known	<u> </u>			
A copy of this resignatio	n was mailed to the a	bove listed limited liability compa	any at its last known addre	:SS.	
The agency is terminated	I and the office discor	ntinued on the 31st day after the d	ate on which this statemer	nt is filed.	
	Dian	2 Kolinowski Signature of Resigning Agent			
If signing on behalf of ar	ı entity:				
	Diane Kalinov	vski			
	-	ped or Printed Name		<b>C</b> >	
	VP	1		<u></u>	
		Capacity	77.7 6 20.7 6 20.7 20.7 20.7		
	FILING	FFFS.			
	\$ 85.00 \$ 25.00	Active limited liability compan Administratively dissolved/ vol withdrawn limited liability cor	y untarily dissolved/-	F 160	

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