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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

LLC DISSOLUTION OR WITHDRAWAL **IREMEDY PPE 5, LLC**

| Certificate of Status . 0 | | |
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SEP 21 2023 K. Brumbley

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| REMEDY PPE 5, LLC | | | |
|---|--------------------------|---------------------------|-----------------|
| (Name of limited | liability company) | | |
| DELAWARE | | | |
| (Jurisdiction of | its organization) | | |
| 8/31/2020 | | | |
| (Date registered with Flo | rida Department of Stat | te) | |
| 42000007583 | | | |
| (Florida Docu | iment Number) | | |
| This limited liability company is withdrawing its | s certificate of authori | ty in this state. | |
| Effective Date, if other than the date of filing: If an effective date is listed, the date must be sp nore than 90 days after filing.) Note: If the date inserted in this block does not r his date will not be listed as the document's effe | meet the applicable sta | atutory filing requiremen | |
| Marja Souza, Attorney-in-Fact | norized representative) | | 2023 SEP 9 AM |
| (Typed or prin | ted name of signee) | · 17: | AM 10: 25 |

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