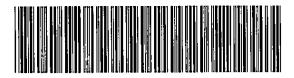
P05000104561

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | dment Section on of Corporations | |
|---------------|--|---------|
| SUBJECT: | Virgineil, Inc. | 0,7 |
| _ | (Name of Corporation) | Alere . |
| DOCUMEN | T NUMBER: P05000104561 | |
| The enclosed | Resignation of Registered Agent for a Corporation and fee are submitted for filing | g. |
| Please return | all correspondence concerning this matter to the following: | |
| I | Lawrence N. Dodd | |
| | (Name of Person) | |
| | (Name of Letson) | |
| | (Name of Felson) | |
| | (Name of Firm/Company) | |
| 4: | | |
| 4: | (Name of Firm/Company) | |
| | (Name of Firm/Company) 36 San Nicolas Way | |
| | (Name of Firm/Company) 36 San Nicolas Way (Address) | |
| St | (Name of Firm/Company) 36 San Nicolas Way (Address) Augustine, FL 32080 | |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509. |
|---|
| Florida Statutes, the undersigned, Lawrence N. Dodd |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Virgineil, Inc. |
| (Name of Corporation) P05000104561 |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |
| Marin 34 |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| |
| (Typed or Printed Name) |
| |
| (Capacity) |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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