#790417

TO: SECRETARY OF STATE OFFICE

FROM: ANDREW S. LLAGUNO

RE: AGREEMENT OF WITHDRAWL FROM PARTNERSHIP AGREEMENT

DATE: 5-29-15

I am requesting to file this letter with KAM Health & Performance LLC. A ten dollar filing fee has been enclosed.

This letter is an agreement letter with all members of KAM Health & Performance, LLC agreeing that Andrew S. Llaguno withdrawals his partnership as manager and transfers his 33.3333% of the company to the remaining partners, Kim Bissonnette, and Michael Monteiro.

There is signed and notarized Agreement of Withdrawal from Partnership document enclosed.

I would also like to note that the LLC Annual Report of the Year 2014 has my last name misspelled as Andrew Liagina. The correct spelling is Andrew Llaguno 97 C Sand Plain Road, Charlestown, RI 02813. Please note the correction.

If you should have any questions please contact me at 401-255-3479.

Thank you for your time,

Andrew Llaguno.

2015 JUN -8 AM 11:45

SECRETARY OF STATE
CORPORATIONS DIV

FILED

JUN 08 2015 11:45

BY 250381

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company
790417	KAM Health & Performance, LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To provide web based network access and educational services to the health industry

5. Principal office address	City	State	Zip
8 Holiday Court	Wakefield	RI	02879

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Kim A. Bissonnette	Manager

Street Address	City	State	Zip
8 Holiday Court	Wakefield	RI	02879

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Kim A. Bissonnette	8 Holiday Court	Wakefield	RI	02879
Andrew Liagina	97 C Sand Plain Rd.	Charlestown	RI	02813
Michael Mantiero	2032 Ministerial Rd.	Wakefield	RI	02879

* misspelled LLAGUNO

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
JUN 08 2015 11:45
BY 250351

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person — Date 6/25/15

Kim A. Bissonnette, Manager
Print or Type Name of Authorized Person

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 632
Revised: 01/2012

114265-23-1004504