

L04 000056337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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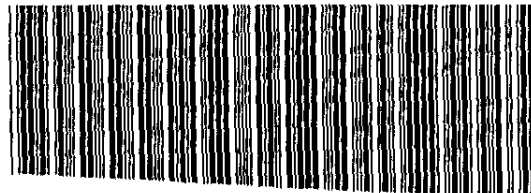
(Business Entity Name)

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2004 NOV 15 PM 1:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 19 2004



Qualitas Assistance

November 11, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Ref: Qualitas Assistance, LLC
L04000056337
Amendment / Removal of Managing Member

Dear Sirs:

Attached is a original copy of the Amendment to the Articles of the Organization and our check in the of \$25.00.

Sincerely,


Alexander Campos
Manager/Member

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Qualitas Assistance, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER CAMPOS
(Name of Person)

Qualitas Assistance, LLC
(Firm/Company)

2333 Ponce de Leon Boulevard, Suite 308
(Address)

Coral Gables, Florida 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Campos at (305) 529-2259
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

FILED
2004 NOV 15 PM 1:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

I, Christopher D. Chambliss, hereby resign as MGRM
(Title)

of Qualitas Assistance, LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.



(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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