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SECRETARY OF STATE SALLAHASSEE, FLORID

J. BRYAN

NOV 17 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Millennium Proactive H	ealth, LLC ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Dori Nunez	
(Contact Person)	
Millennium Proactive Health, LLC	TALLLA
(Firm/Company)	
125 W Indiantown Rd Ste. # 103	10 NOV 16 PM 1: 12 SECRETARY OF STATE FALLAHASSEE, FLORID
(Address)	FLO
Jupiter, FL 33458	RIFE N
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Dori Nunez	at (561) 281-1281
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	he limited liability company as it		s of the Flori	da Department
2. This limited li Florida	ability company was organized u	nder the laws of: 	·	SECRETARISEE PH
	ocument/registration number of the SOSGOLG	nis limited liability con	npany is:	TELORION FLORION
4. I, Doris Nu	INOUTH IN THE PROPERTY OF THE	, hereby resign as a	MGMR (Print	Title)
	iability company and affirm the l	imited liability compa	ny has been	notified of my
Don	is nune			
Signature of Re	esigning Member, Managing Me	mber or Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)