

L12 000004547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

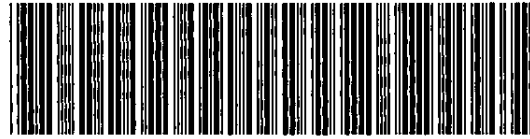
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300239520773

09/13/12--01005--017 \*\*25.00

7:12 SEP 13 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 14 2012

EXAMINER

**COVER LETTER**

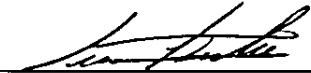
**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Altius Healthcare Group, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ira Berke  
(Contact Person)

 ALTIVS HEALTHCARE GROUP  
(Firm/Company)

3163 NW 60th St  
(Address)

Boca Raton, FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marc Domb at ( 561 ) 315-6531  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

RECEIVED  
21 SEP 13 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Altius Healthcare Group, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L12000004547

4. I, Marc Domb, hereby resign as a Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*

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

[Signature]  
Signature of Resigning Member, Managing Member or Manager

FILED  
212 SEP 13 PM 1:04  
TALLAHASSEE FLORIDA  
STATE DEPARTMENT OF STATE

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)