



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pride Health & Vitality  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

William Westergom  
(Contact Person)

Pride Health + Vitality  
(Firm/Company)

3100 medical way,  
(Address)

Sebring, FL 33870  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Westergom at (862) 381-9437  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

REGISTRATION ADDRESS  
Registration Section  
Division of Corporations  
Clifton Bldg  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 25 PM 2:44

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Pride Health & Vitality LLC

2. The Florida document/registration number assigned to this limited liability company is:

46-4359896

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/19/14

4. I, William Westergom, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

manager  
*(Print Title)*

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

W+West  
Signature of Dissociating Member or Resigning Manager

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