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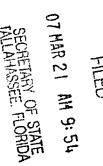
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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL,
(Bi	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
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ROBERTO RARUELO*

ATTORNEY AT LAW 16409 ASHWOOD DRIVE TAMPA, FLORIDA 33624-1152

> 813/963-7648 FAX 813/963-7840

'ALSO ADMITTED IN ILLINOIS

March 14, 2007

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

Re: CHARLIE'S HOME CARE, LLC Document No. L06000100328

Dear Sir/Madam:

On behalf of the above-named Florida limited liability company, I enclose the following:

- 1. A duly completed Form CR2E079 (Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company).
- 2. A duly completed Resignation of Registered Agent for a Limited Liability Company.
- 3. A duly completed INHS18 (Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.
- 4. A duly completed Articles of Amendment to Articles of Organization.
- 5. A check for \$160.00 made payable to the Florida Department of State as filing fees for the above documents.

Should you have any questions, please let me know. Thank you.

Sincerely,

Roberto R. Ruelo

Enclosures

BY U.S. POSTAL SERVICE EXPRESS MAIL



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

1. The name of the	limited liability company as	s it appears on the records of the Florida Department
of State is:	CHARLIE'S HOME CARE, L	LC
2. This limited liab	ility company was organized	d under the laws of:
3. The Florida docu L06000010032	-	f this limited liability company is:
4. I, EVELYN [DE LA CRUZ ame of Person Resigning)	, hereby resign as a MANAGER & MANAGING MEMBER (Print Title)
	bility company and affirm th	ne limited liability company has been notified of my
Signature of Resi EVELYN D. DE	gning Member, Managing N	Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	