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(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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		118
	Office Use Only	1/18



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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, RICHARD W. Smith JR hereby resign as President
of CLASSIC CARE PROFESSIONAL LAWK SERVICE, LLC.
a limited liability company organized under the laws of the State of 9-6-00,
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member) (Signature of resigning manager, managing member or member) (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