

# L000000014101

WILLIAMS MULLEN

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June 4, 2002

File No: 030243.0001

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

300005692263--3  
-06/05/02--01032--008  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Re: Liberty Assisted Living Centers of New Port Richey, LLC

Dear Sir or Madam:

Please file the enclosed Resignation of Manager and provide. Our firm's check in the amount of \$25.00 is enclosed for the expense of filing.

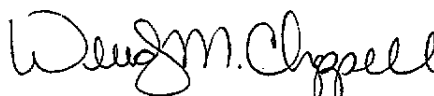
Upon filing of the Resignation of Manager, please file the enclosed Amendment to the Articles of Organization of Liberty Assisted Living Centers of New Port Richey, LLC, appointing Liberty Assisted Living Centers Limited Partnership as the managing member. A check in the amount of \$25.00 is enclosed for the expense of filing.

Also, please provide me with a certified copy of the Amendment and a Certificate of Status for Liberty Assisted Living Centers of New Port Richey, LLC. I enclose our firm's check in the amount of \$35.00 for the expense of certification.

Please return all acknowledgements of filing to my attention via Federal Express, using the enclosed self-addressed, pre-paid airbill and envelope.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Wendy M. Chappell  
Corporate Paralegal

**Enclosures**

#348424 v1 - L - FLSOS - LALCNPR, LLC - rsgn/chg manager

*Williams Mullen Clark & Dobbins*

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www.williamsmullen.com

02 JUN -5 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

WCS  
6-7-02



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Liberty Assisted Living Centers of Florida, Inc., hereby resign as Manager  
(Title)

of Liberty Assisted Living Centers of New Port Richey, LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

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

Liberty Assisted Living Centers of Florida, Inc.,  
a Florida corporation

BY: \_\_\_\_\_

NAME & TITLE: Alan D. Parrish President  
(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

CR2E079(10/99)

FL076 - 9/27/99 CT System Online

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED