

LO1000020803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

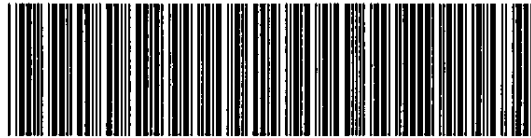
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700081201267

11/13/06--01007--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATION
2006 NOV 13 PM 5:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alternative Health Care Associates L.L.C.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michele Leilani Badanek (MGR)
(Name of Person)

Alternative Health Care Associates L.L.C.
(Firm/Company)

P.O. Box 830189
(Address)

Ocala, Florida 34483-0189
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Leilani Badanek (mgr) at (352) 274-8094
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

CR2E079 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 NOV 13 PM 5:15



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Michael Badanek, hereby resign as Managing Member (MGR)
(Title)
of Alternative Health Care Associates L.L.C.,
(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.

Michael Badanek (MGR)
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 NOV 13 PM 5:15