102000027571

	1700 Suite Mia	sto Care LLC 0 Southwest 57t e #206 mi, Florida 331		-
	(Add	dress)		_
	(City	y/State/Zip/Pho	ne #)	-
PICK-L	ΙP	WAIT	MAIL	
	(Bus	siness Entity Na	ame)	-
	(Do	cum e nt Numbe	r)	-
Certified Copies		Certificate	es of Status	-
Special Instruction	is to F	Filing Officer:		
	_			

Office Use Only



000029514810

03/03/04--01048--007 **25.00

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

	Manager	
I, FRED APPELKVIST	, hereby resign as MEMBER	, a y
	(Title)	
of PROSTOCARE OF FLORIDA, LLC		•
(Limited Lie	ability Company)	
a limited liability company organized under the	laws of the State of FLORIDA	.
and affirm that the limited liability company ha	s been notified in writing of the resignation.	
(Signature of resigning manage		OH MKR -3 PM 1: 67

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