

LO2000030967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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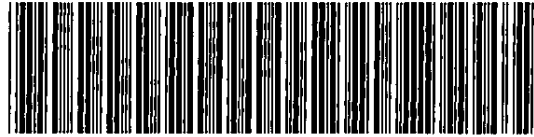
(Business Entity Name)

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TALLAHASSEE, FLORIDA

N. O'Flanagan JUL 11 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSYCHIATRIC REALTY, LLC
(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:

DR. BRENDA KEEFER
(Name of Person)

PSYCHIATRIC REALTY, LLC
(Firm/Company)

12641 WORLD PLAZA LANE, # 56
(Address)

FORT MYERS, FLORIDA 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW G JESSEN at (239) 482-3535
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, DR. ROBERT A BUCHHOLZ, hereby resign as MANAGER
(Title)

of PSYCHIATRIC REALTY, 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.

A handwritten signature in cursive script, appearing to read "Rd. Buchholz", is written over a horizontal line.

(Signature of resigning manager, managing member or member)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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