L03000003872

(Requestor's Name)
•
(Address)
(Address)
(1811)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to 1 ming emoci.

Office Use Only



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COVER LETTER

TO:	_	stration Section ion of Corporations				
SUBJI						
		(Name of Limite	d Liability Company)			
The en filing.	closed	l member, managing member or m	nanager resignation and fee(s) are subm	nitted for		
Please	return	all correspondence concerning th	is matter to:			
Edwi	ina G	Sanesh				
		(Contact Person)	•			
Gane	sh <i>P</i>	duit Family Care Home L	LC			
		(Firm/Company)				
1447	SE	21st St				
		(Address)				
Cape	e Cor	al, Fl 33990				
		(City/State and Zip Code)				
For fur	ther in	formation concerning this matter,	please call:			
Edwi	na G	Sanesh a	1 ₁ 239 ₎ 458-5626			
	(Na	ame of Contact Person)	(Area Code & Daytime Telephone Numb	ber)		
Enclose	ed plea		he Florida Department of State for:			
		\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
		DURIER ADDRESS:	MAILING ADDRESS:			
_		Section	Registration Section			
Clifton		orporations	Division of Corporations P.O. Box 6327			
		we Center Circle	Tallahassee, Florida 3231	4		
		Florida 32301		•		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	ed liability company as it an Adult Family Care	. =	of the Florida Depart	ment
2. This limited liability c Florida	ompany was organized und	der the laws of:		
3. The Florida document L03000003872	/registration number of this	s limited liability comp	oany is:	
	anesh Person Resigning) company and affirm the lin	_, hereby resign as a	•	
Signature of Resigning	Ganesh Member, Managing Memb	ber or Manager		
_	5.00 (Required) 0.00 (Optional)		07	IAIG

CR2E079 (5/06)

DIVISION OF CORPORATIONS

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