L0300000781/

(Requestor's Name)
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(,
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11/18/05--01027--011 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ASSISTED LIVING (Name of Limited I	MANAGEMENT USA, LLC Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	mber or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this matter	-
INDA DERNARD (Name of Person)	ALLAHASSEE.
(Firm/Company)	
2341 W TARPON DR (Address) Minaman Fl 33023 (City/State and Zip Code)	
(City/state and Zip Code) For further information concerning this matter, please	call
(Name of Person) at (
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 &

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, LINDA BERNARD, hereby resign as MANAGE	R	<u></u>	-
of ASSISTAD LIVING MANAGEMENT USA, LLC. (Limited Liability Company)		,	
a limited liability company organized under the laws of the State of	9) 	
and affirm that the limited liability company has been notified in writing of the resign	tron.		
and broad		P ?	m U
(Signature of resigning manager, managing member or member)		57	-31-

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