103000010586

(Re	equestor's Name)	,
(Ac	ddress)	
(Ac	ddress)	<u>,</u>
(Ci	ity/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
Derin	_	
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SECRETATE OF STATE
AND STATE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RIGHT CHO (Name of L	inited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managir	ng Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning thi	s matter to the following:
A. MAURICE BA	tes .
RIGHT CHOICE HO. (Firm/Company)	
633 N. E. 167 ^t (Address)	•
MIAMI, Floreson. (City/State and Zip Code)	33/62
For further information concerning this matter,	please call:
A. MAURICE BATES (Name of Person)	at (<u>786</u>) <u>539-6308</u> (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	t :
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CP2E070 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	A.	MAURICE	BATES,	nereby resign as _	VICE	ARES!	<u>5547</u>
of_			CHOICE (Limited Liability C	,	(Title)		_;
		lity company organize			Floris		ب
and a	ffirm tha	t the limited liability o	ompany has been	notified in writing	g of the resign	ation.	
		a.	m A	Sal			,
		(Signature of resign	ning manager man	aging 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