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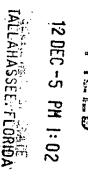
(Rec	luestor's Name)	
(Add	Iress)	·
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(City	/State/Zip/Phone	e #)
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B. BOSTICK
DEC - 6 2012

EXAMINER

COVER LETTER

Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations					
SUBJECT. RSC ASHFORD COURT, I	I.C.				
SUBJECT: RSC ASHFORD COURT, LLC (Name of Limited Liability Company)					
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for				
Please return all correspondence concerning this n	natter to:				
Avi Bittan					
(Contact Person)					
Royal Senior Care					
(Firm/Company)					
1660 NE Miami Gardens Dr. Ste 8	10 PE				
(Address)	DEC -5 PH 1: 02 AHASSEE FLORID ase				
North Miami Beach FL 33179	<u> </u>				
(City/State and Zip Code)					
For further information concerning this matter, ple	ease call:				
Avi Bittan at (_	305 310-4477				
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$\sumsymbol{}\$55 Filing Fee & Certified Copy				
CERTIFICATION ARTHUR	••				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap C Ashford Court, LLC	opears on the record	ls of the Florida De	partment 	
2. This limited liabi 08/21/2003	lity company was organized und FレのRIDA	er the laws of:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
3. The Florida docu L03000031	ment/registration number of this 422	limited liability con	mpany is:	12 DEC -5	T
4. I, Avi Bittan	me of Person Resigning)	, hereby resign as a	MGR 79 (Print Titl)	# # ::	
of this limited liab resignation in writ	ility company and affirm the lim	ited liability compa	any has been noti	a of my	
Signature of Resig	gning Member, Managing Memb	per or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				