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SECRETARY OF STATE
AND ASSEFT, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VANDERBILT BEAC	HASSISTED LIVING HOME LL ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
CANDICE BROOKS (Contact Person)	
(Firm/Company)	2007 HA SE CRE TALLAI
12830 SILVERTHORN (Address)	2007 MAY 15 PM 12: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA TO 34
BONITA SPRINGS, FL (City/State and Zip Code)	. 34135 FLORIDA
For further information concerning this matte	r, please call:
(Name of Contact Person)	at (239) 992-8665 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, 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

		ppears on the records of the Flori		_
2. This limited liability STATE	ty company was organized und	der the laws of: 		
	ent/registration number of this	- · · · · · · · · · · · · · · · · · · ·		
of this limited liabil resignation in writing	ity company and affirm the lir	, hereby resign as a	notified of my 2007 HAY 15 SECRETARY TALLAHASSE	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 12: 27 OF STATE E.FLORIDA	