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(Requestor's Name)			
(Ad	ldress)		
	•		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(7)	-i		
(Bu	isiness Entity Nam	ie)	
(Document Number)			
Certified Copies	Certificates	of Status	
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Special Instructions to Filing Officer:			
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EXAMINER



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DIVISION OF COMPUSATION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WELLINGTON HOME OF (Name of Limite		
The enclosed member, managing member or n filing.	nanager resiţ	gnation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:	
CAROL D. VESEY		
(Contact Person)		_
WELLINGTON HOME OF PALM BEACH (Firm/Company)	1 LLC	_
349 HONEY COVE COURT, SW (Address)		_
FORT WALTON BEACH FL 32548		
(City/State and Zip Code)		
For further information concerning this matter	, please call:	
CAROL D. VESEY	at (850	243-7161
(Name of Contact Person)	(Area Code	243-7161 e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		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)

William A. Davis P.O. Drawer 550 Tt. Walton Beach, TL 32549-0550

September 25, 2009

Ms. Jennifer A. Davis Wellington Home of Palm Beach, L.L.C. 790 E. Rambling Drive Wellington, FL 33414

Subject:

Wellington Home of Palm Beach, L.L.C.

Resignation as Operations Manager

The intent of this letter is to inform you that effective October 1, 2009, I will no longer be a Managing Member of the subject Limited Liability Company. I have forwarded the necessary documents to the Department of State for official removal of my name.

William A. Davis

(0-0) 010 010

(7 (0-0) ----



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

1. The name of the limited liability company as it a	ppears on the records of the Florida Department
of State is: Wellington Home of Pal	m Beach, LLE.C.
2. This limited liability company was organized und	der the laws of:
State of Florida	_•
3. The Florida document/registration number of this	s limited liability company is:
L0400001993	
	_
4.I, William A.DDavis	, hereby resign as a <u>Managing Member</u>
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lir resignation in writing.	nited liability company has been notified of my
Zillian A Dans	٠
Signature of Resigning Member, Managing Mem	ber or Manager
	99:

Filing Fee: Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)