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EXAMINER



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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CT: Prosperity Professional C	entre, L	LC npany)
The encl filing.	losed member, managing member or ma	ınager resig	gnation and fee(s) are submitted for
Please re	eturn all correspondence concerning this	s matter to:	
Williar	m Tracy		_
	(Contact Person)		
Prospe	erity Professional Centre, LLC	<u> </u>	_
	(Firm/Company)		
5028	Misty Morn Road		_
	(Address)		
Palm !	Beach Gardens, FL 33418		_
	(City/State and Zip Code)		
For furth	ner information concerning this matter,	please call:	
Williar	m Tracy at	561	339-5939
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed	d please find a check made payable to the \$\frac{1}{\sqrt{2}}\$\$ Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
CTDEE	T/COURIER ADDRESS:		MAILING ADDRESS:
	tion Section		Registration Section
•	of Corporations		Division of Corporations
Clifton I	Building		P.O. Box 6327
	ecutive Center Circle ssee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a sperity Professional	s it appears on the records of Centre, LLC	the Florida Department			
2. This limited liab	lity company was organize	d under the laws of:				
3. The Florida docu 	-	of this limited liability compa	ny is:			
4. I, Elizabeth Jakubiak (Print Name of Person Resigning)			_, hereby resign as a Member/Manager (Print Title)			
resignation/in/wri	ting.	he limited liability company h	has been notified of my			
Filing Fee:	gning Member, Managing I \$25.00 (Required) \$30.00 (Optional)	Member or Manager	PART OF CAMBLE			