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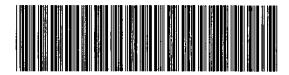
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	•
SUBJECT: RSC HW MANAGEM	IENT, LLC
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernit	ng this matter to:
Avi Bittan	The state of the s
(Contact Person)	
Royal Senior Care	
(Firm/Company)	
1660 NE Miami Gardens Dr. St	te 8
(Address)	
North Miami Beach FL 33179	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Avi Bittan	at (305) 310-4477
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

NAGER 33 RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAG FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as	= =	the Florida Department
of State is: RS	C HW MANAGEMEN	IT, LLC	·
2. This limited liab	ility company was organized	under the laws of:	
11/18/2004	FLORIDA		
			
3 The Florida docu	ument/registration number of	this limited liability compa	any is:
L04000084	-	uns mined habinty compa	iny 13.
		·	
_{4. I,} Avi Bittan		, hereby resign as a MGR	
(Print Name of Person Resigning)			(Print Title)
	bility company and affirm th	e limited liability company	has been notified of my
resignation in wr	iting.		
	Ly 19197		
Signature of Wes	igning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		