

L05000011176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

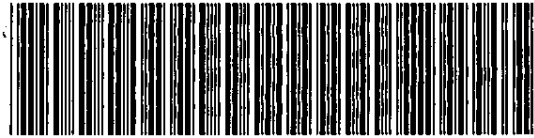
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 19 AM 10:21

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J. SAULSBERRY
EXAMINER

DEC 22 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMA HOME HEALTH LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

VALERIE COOMBS

(Contact Person)

PRIMA HOME HEALTH, LLC

(Firm/Company)

3500 N. STATE Rd 7 #499

(Address)

LAUDERDALE LAKE FL 33319

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Valerie Coombs

(Name of Contact Person)

at (754) 214-1500

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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 appears on the records of the Florida Department of State is: PRIMA HOME HEALTH, LLC

2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L05000011176

4. I, BARRENGTON COOMBS, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 19 AM 10:21

FILED

Barrington Coombs

1311 ST Tropez Circle, Apt 1603, Weston FL 33326

December 14, 2011

Ms. Valerie Coombs, Manager

Prima Home Health, LLC

3500 N. State Road 7, Suite 499

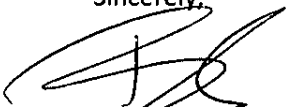
Lauderdale Lakes, FL 33319

FILED
2011 DEC 19 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Resignation of (Barrington Coombs) Managing Member from Florida Limited Liability Company

AS of December 14, 2011, I Barrington Coombs hereby resigns as a member, managing member or manager from Prima Home Health, LLC.

Sincerely,



Barrington Coombs