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LEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RSC CONYERS, LLC	d Liability Company)
The enclosed member, managing member or m	
filing.	
Please return all correspondence concerning this	is matter to:
Avi Ditton	
Avi Bittan	
(Contact Person)	30
Royal Senior Care	200 - 200 -
(Firm/Company)	FLOR
1660 NE Miami Gardens Dr. Ste 8	er er
(Address)	
North Miami Beach FL 33179	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Avi Bittan	305 <u>310-4477</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
\$25 Filing Fee	√ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, rionaa 52514

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 as C CONYERS, LLC	it appears on the records of the Flo	·P
2. This limited liab 7/18/2005	ility company was organized 「LoにIDA	d under the laws of:	EIZEEC -S PH L
3. The Florida docu L05000070	•	f this limited liability company is:	THE STAFE
4. I, Avi Bittan		, hereby resign as a MGR	
(Print N	ame of Person Resigning)	(P.	Print Title)
of this limited lial resignation in wr		e limited liability company has bee	en notified of my
Filing Fee:	gning Member, Managing N \$25.00 (Required)	Member or Manager	
Certified Copy:	\$30.00 (Optional)		