

L05000070653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

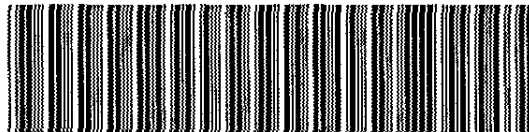
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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A. BRYAN FEB 23 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABSOLUTE HEALTHCARE SOLUTIONS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL J. McPHERSON (SECRETARY/TREASURER)
(Name of Person)

ABSOLUTE HEALTHCARE SOLUTIONS, LLC
(Firm/Company)

1350 S. ORLANDO AVE.
(Address)

WINTER PARK, FL 32789
(City/State and Zip Code)

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For further information concerning this matter, please call:

DANIEL J. McPHERSON at (407) 622-0111
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

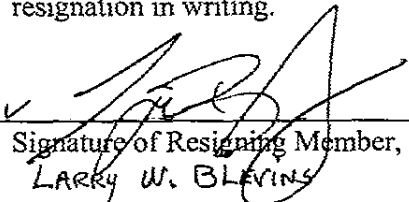
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ABSOLUTE HEALTHCARE SOLUTIONS, LLC

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

3. The Florida document/registration number of this limited liability company is:
L05000070653

4. I, PATRICK J. FULLERTON, hereby resign as a MEMBER
(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
LARRY W. BLEVINS

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

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