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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: SoluTions & Resources Provider, U.C. (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: MELANIE BARTEC.
(Contact Person) 6871 S.W. 59 ST.
(Firm/Company) Miami, El.
(Address) Miami, Fl. 33143 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (305) 667-4441

(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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

CR2E079 (5/06)

Tallahassee, Florida 32301



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SECRETARY OF STATE TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of the Florida Department UNCES PROVIDER, LIC.
	ility company was organized OR I DA	under the laws of:
	ument/registration number of	this limited liability company is:
	le le Penez Jame of Person Resigning)	, hereby resign as a MEMBER (Print Title)
of this limited liab resignation in wr		limited liability company has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	