(05000086890

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
· (Dusinger Entity Name)		
(Business Entity Name)		
(Document Number)		
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T. CLINE
JUL - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations		
SUBJECT: TLC SENIOR CARE, LLC		
(Name of Limited Liability Con	npany)	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
FRANCES CONTRERAS		
(Contact Person)	_	
TLC SENIOR CARE, LLC	_	
(Firm/Company)		
380 SEMORAN COMMERCE PLACE	E, STE 206B	
(Address)		
APOPKA, FL 32703		****
(City/State and Zip Code)	SSS	iles eles
For further information concerning this matter, please call:	7 PM	1
	814-7070 PHI2: 42	An ex
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\sqrt{\sq}}}}}}}}}}} \signtarightimes}} \sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}} \sqrt{\sqrt{	Department of State for: 155 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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 of State is: TLC Senior Care, LL		Department
2. This limited liability company was organized the State of Florida	d under the laws of:	្សី ្រែខ ខ្មែរ ខ្មារ ក្រុម ពោធ ស្វា ខារ
3. The Florida document/registration number of L05000086890	 ^^ ```	
4. I, JOANN HARRISON	, hereby resign as a MGRM	PH IZ
(Print Name of Person Resigning) of this limited liability company and affirm th resignation in writing.	(Print Title) The limited liability company has been notified.	.''' N
MH		
Signature of Resigning Member, Managing M	Member or Manager	
Filing Fee: \$25.00 (Required)	•	

Certified Copy:

\$30.00 (Optional)