# L05000104349

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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4. BRYMON JAN 3 1 2006

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PHI Health care L (Name of Limited Liability Con	LC npany)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or M	anager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Bruce Mc Kibben, (Name of Person)	200
R Bruce McKibben, DA. (Firm/Company)	ALLAHASSE
1435 Predmont Dr. E Suite	متعلق فينا
Tallahassee FL 32308 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
	9 42 . 8585 & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee	355 Filing Fee &

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, R. Bruce McKibben hereby resign as Member/Manager
of PHI Health care LLC (Limited Liability Company)
(Limited Liability Company)
a limited liability company organized under the laws of the State of
and affirm that the limited liability company has been notified in writing of the resignation.
BM.Kll.
(Signature of resigning manager, managing member or member)

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CR2E079 (8/05)