

LD0000018617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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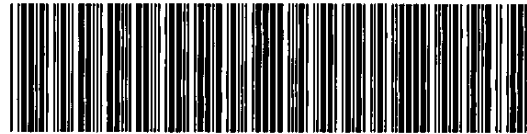
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUL 31 AM 11:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Always Classic Care LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRY A Adler
(Name of Person)

Always Classic Care
(Firm/Company)

1175 NE 125th ST
(Address)

Nmiami FL 33161
(City/State and Zip Code)

For further information concerning this matter, please call:

Terry Adler
(Name of Person)

at (305) 494 0338
(Area Code & 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

☒ \$55 Filing Fee &
Certified Copy

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DIVISION OF CORPORATIONS
2006 JUL 31 AM 11:00



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, DR Charlton L Adler, hereby resign as manager
(Title)
of Always Classic Care LLC (206000018617)
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,
and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUL 31 AM 11:00

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