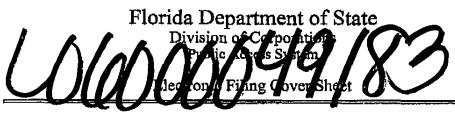
Division of Corporations



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From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCA

Account Number: 076424000767
Phone: (305)442-3334
Fax Number: (305)443-3292

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COMMONWEALTH CENTER OF METROWEST, LLC

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TO: Registration Section Division of Corporations		
SUBJECT: COMMONWEALTH CENTER OF (Name of Limited L		
Dear Sir or Madam:		,
The enclosed Resignation of Member, Managing Men	nber or Manager and fee(8) are submitted fo	r filing
Please return all correspondence concerning this matter	-	
•	•	
ElianBeth D. Kozlow, Baq.	•	
(Name of Person)		
Siegfried, Rivera, et al	<u></u> .	
(Chiasan pary)		
201 Alhambua Circle, Suit	e 1102	
(Address)		
Coval Gables, ML 33134		
(City/State and Zip Code)		
For further information concerning this matter, please	call:	
Elisabeth D. Kozlow at(305 , 442-4938	
(Name of Person)	Area Code & Daytime Telephone Number)	SECRETA DIVISION OF 2006 JUL 2 2
STREET/COURIER ADDRESS:	MAILING ADDRESS:	ion Me Me
Registration Section	Registration Section	25 FA
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	₹ ₹
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

Jos	hua Managemeni	t Services	nereby res	ign as _	Manager
	•	•		_	(Title)
	COMMONWEALTH	CENTER OF	METROWEST,	LLC	
	1	(Limited	Liability Company)		
imitad	liability company or	conized under	the leven of the Ctot	ase I	lorida
	n that the limited liab				
	n that the limited liab	oility company		ı writin	

As Fresident of Joshua Management Services Company

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

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