(Ob 0000 81844

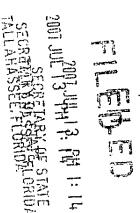
(Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		,			

Office Use Only



800105740128

07/13/07--01045--002 **25.00



Jelle Jelle

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: SPINAL CHIROPRACTI (Name of Limited Liability Co	C CENTER
The er filing.	nclosed member, managing member or manager resi	gnation and fee(s) are submitted for
Please	return all correspondence concerning this matter to	:
A	RLIN ALEXANDRE (Contact Person)	_
_Sp	OINAL CHIRD DRACTIC CEN	TEL
39	99 W HALLANDAIR BEACH B	ELUD .
140	City/State and Zip Code)	7001 J
For fu	rther information concerning this matter, please call	
AR	(Name of Contact Person) at (954) (Area Cod	le & Daytime Telephone Number)
Enclos	sed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: 57 57 57 57 57 57 57 57 57 57 57 57 57
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	ration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as			da Departme	ent
2. This limited liab	ility company was organized	under the laws of:			
	ment/registration number of	this limited liabili	ty company is:	,	
•	LEXANDRE ame of Person Resigning) pility company and affirm the	, hereby resign	(Prin	nt Title)	- nv
resignation in wri		s minica naciniy e	ompany mas seen	l \	
Signature of Resi	griing Member, Managing M	lember or Manager		2001 JUL 13 SECRETARY ALLAHASSE	
Filing Fee: Certified Copy:	• •		,	PH 1: 11 OF STATE E.FLORID	