

LD6000084231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

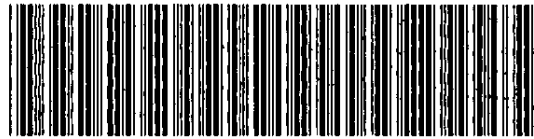
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JUL 28 2008

EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 25 PM 3:59

(305) 261-9292

(305) 261-9300

PEDRO ESTALELLA, JR., CTP, CPTx, LUTC
CERTIFIED TAX PROFESSIONAL
CERTIFIED PRACTITIONER OF TAXATION

ESTALELLA & ASSOCIATES, INC., 7481 SW 8 STREET, MIAMI, FL 33144

+ INCOME TAX + ACCOUNTING + INSURANCE + TRANSLATIONS + NOTARY PUBLIC +

06/26/2008

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

RE: All Complete Home Health Care, Inc.
DOC. #P05000167142

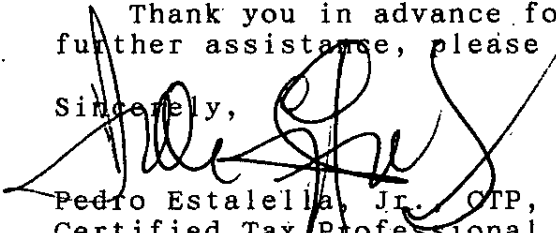
Gentlemen:

Enclosed please find resignation of LLC Member/Member Manager, in triplicate, for All Complete Home Health Care, Inc. and our check to cover the appropriate filing \$35.00 fee. Please return two copies of the filed document to us, at our mailing address:

P.O. Box 440278, Miami, FL 33144-0278

Thank you in advance for your attention to this matter. If you need further assistance, please contact the undersigned a.s.a.p.

Sincerely,



Pedro Estalella, Jr. CTP, CPTx, LUTC
Certified Tax Professional
Certified Practitioner of Taxation

/ebe
enclosures (3) & check

cc: 1702-SER
Rec. 10705



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 it appears on the records of the Florida Department of State is: ALL COMPLETE HOME HEALTH CARE, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L06000084231

4. I, ARTURO A. MUNDER, hereby resign as a MEMBER & MANAGER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS
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