

**L06000085282**  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BEGGS & LANE  
Account Number : T20020000155  
Phone : (850) 432-2451  
Fax Number : (850) 469-3331

2009 APR 30 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SALUD, LLC**

Certificate of Status	0
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**C. LEWIS**  
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FAX NO. 8504693331

P. 02/03

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SALUD, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES S. CAMPBELL  
(Contact Person)

BEGGS & LANE  
(Firm/Company)

501 Commendencia Street  
(Address)

Pensacola, FL 32502  
(City/State and Zip Code)

For further information concerning this matter, please call:

James S. Campbell at ( 850 ) 469-3314  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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

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2009 APR 30 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

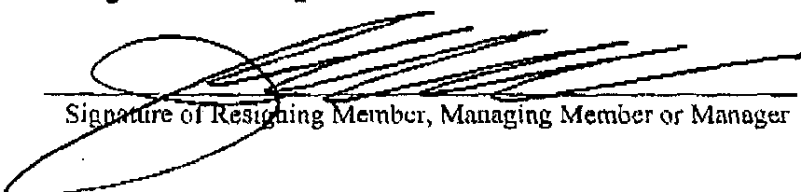
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SALUD, LLC

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

3. The Florida document/registration number of this limited liability company is:  
L06000085282

4. I, JAMES S. CAMPBELL, hereby resign as a 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)