## LD6000081295

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: United Thorapy (Name of Limited	GOUP L. L. C. Liability Company)
The enclosed member, managing member or ma filing.	nnager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Goorge Pastew, Jr (Contact Person)	<del></del>
(Firm/Company)	
174 Willis Street	
Westminster MD 2115 (City/State and Zip Code)	7
For further information concerning this matter, I	please call:
Google Pastew J at (Name of Contact Person)	(240)372-06/4 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



08 SEP -5 AM 10: 55
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: United Therapy Group L.L.C.
• • • • • • • • • • • • • • • • • • • •
2. This limited liability company was organized under the laws of:
- Florida
3. The Florida document/registration number of this limited liability company is:
L0600087a95
4. I, GOOGE Pastew To hereby resign as a MGRM (Print) Name of Person Resigning), hereby resign as a MGRM (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
self temp,
Signature of Resigning Member, Managing Member or Manager

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: