## 67000045882

| (Re                                     | equestor's Name)   | <del></del> |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | ldress)            |             |  |  |
| (Ad                                     | ldress)            |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | isiness Entity Nar | ne)         |  |  |
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2007 OCT 30 AM IO: 52
SECRETARY OF STATE
AMASSEE, FLORIDA

07-US882

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                      |  |  |
|--|--|--|
| SUBJECT: ADVANCED ALLE (Name of Limited L  | RGY RELIEF CENT<br>(iability Company) OF FLO                               | TERS<br>ORIDA, LL  |
| The enclosed member, managing member or man filing.                                    | ager resignation and fee(s) are sub  | omitted for  |
| Please return all correspondence concerning this i                                     | matter to:   |  |
| JASON MONSIGNORE (Contact Person)  | <del></del>  |  |
| ADVANCED Allergy Relief (Firm/Company)   | ENTER  | 2007 OC<br>SECRE   |
| 1515 N, FeDERAL HWY (Address)  | <u>STE 1</u> 11  | 2007 OCT 30 AH 10: 52 SECRETARY OF STATE FALLAHASSEE, FLORID |
| BOCA RATON FL 334  | 3>   | IO: 52<br>STATE<br>LORIDA                                    |
| For further information concerning this matter, pl                                     | ease call:   |  |
| TASON MONSIGNORE at (Name of Contact Person)   | 561 <u>807-6450</u><br>Area Code & Daytime Telephone Nu                    | mber)  |
| Enclosed please find a check made payable to the \$25 Filing Fee                       | Florida Department of State for:  \$55 Filing Fee & Certified Copy         |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 |  |

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 it waved Autor Reli | • •                      |            | •          |             | t                    |
|--|--|--------------------------|------------|------------|-------------|----------------------|
| 2. This limited liab                     | ility company was organized u                    | nder the laws of:        |            |            |             |                      |
| PLURIDA                                  | ,  | <u>_</u> .               |            | SECR       | 2001 OCT 30 | wells                |
| 3. The Florida docu                      | ument/registration number of th                  | is limited liability com | npany is:  | HAZ.       | <u> </u>    | 11225                |
| _ 40700                                  | 0045882  | <del></del> ,            |            | SSE<br>SSE | 30          | 13100                |
| 4. 1, <u>ADAM</u> §                      | 5ilbersweig                                      | , hereby resign as a     | MG         | FA         | AM IO       | ja<br>Parte<br>Parte |
| (Print N                                 | ame of Person Resigning)                         |                          | (Pr        | int Tale   | 52          |                      |
| of this limited lia<br>resignation in wr | bility company and affirm the liting.            | imited liability compar  | ıy has bee | n notified | l of my     | ,                    |
| Signature of Res                         | ung Member, Managing Mer                         | mber or Manager          |            |            |             |                      |
| Filing Fee:                              | \$25.00 (Required)                               |                          |            |            |             |                      |
| Certified Copy:                          | \$30.00 (Optional)                               |                          |            |            |             |                      |