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B. Redirect Myo () U July8

COVER LETTER

Division of Corporations	
SUBJECT: LMS of South West Ho (Name of Limited Liability Company)	or, dc, LLC
The enclosed member, managing member or manager resignation filing.	and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Heather L. DeSanto (Contact Person)	
LMS OF Southwest R, LLC (Firm/Company)	
•	
Gadress) Fort Myers, E 33907	y
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Heather L. DeSanto at (239) (Name of Contact Person) (Area Code & Day	229-9449
(Name of Contact Person) (Area Code & Day	time Telephone Number)
	nent of State for: ing Fee & tified Copy
	LING ADDRESS:
· · · · · · · · · · · · · · · · · ·	tration Section
•	ion of Corporations Box 6327
•	hassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DIVISION OF CORPORATION OR MAR 17 PIRI: 5

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

1. The name of the	limited liabili	ty compa	any as it ap	pears on th	e records o	f the F	lorida Department
of State is:	LMS	OF	50 UH	West	Horis	da,	LLC.
2. This limited liab	ility company	was org	anized und	er the laws	of:		
3. The Florida docu	iment/registra	tion num 3 <i>60</i>	ber of this	limited lial	bility comp	any is:	:
4.1, MOIGG (Prihi N	n M C ame of Person R	Son C Tesigning)	1d	, hereby re	sign as a _	Ma	Muger Print Title)
of this limited lial resignation in writing Signature of Resi	iting.	fre				has be	een notified of my
Filing Fee: Certified Copy:	\$25.00 (Re	equired)	ging intellic	er or ividila	igoi		