

108000004947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 27 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alternative Associates Health Care 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:

Michael Badanek MGR
(Contact Person)

Alternative Associates Health Care LLC
(Firm/Company)

P.O. Box 1312
(Address)

Silver Springs, Florida 34489
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Badanek MGR at (352) 622-1151
(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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08 MAY 27 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2008

MICHAEL BADANEK
P.O. BOX 1312
SILVER SPRINGS, FL 34489

SUBJECT: ALTERNATIVE ASSOCIATES HEALTH CARE LLC
Ref. Number: L08000004947

We have received your document for ALTERNATIVE ASSOCIATES HEALTH CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 108A00030810

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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: Alternative Associates 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:

L08000004947

4. I, Suzanne M Donnelly, hereby resign as a MGR
(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.

Michael Boland (MGR): Suzanne M Donnelly
Signature of Resigning Member, Managing Member or Manager (MGR)

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