

LD80000017616

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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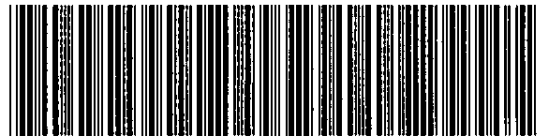
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**L. SELLERS**

MAR - 3 2009

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03/02/09--01026--019 \*\*25.00

FILED  
09 MAR - 2 AM 8:01  
STATE OF FLORIDA  
TALLAHASSEE

PREMIER  
Care  
NURSES  
OF AMERICA

2799 NW Boca Raton Blvd.  
Suite 204  
Boca Raton, Fl. 33431

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Care Professional Nursing Center, 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:

Mirjana Goforth

(Contact Person)

Premier Care Nurses of America.

(Firm/Company)

2799 NW 2nd Avenue, Suite 204

(Address)

Boca Raton, Florida 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Mirjana Goforth

(Name of Contact Person)

at (561) 317-9233

(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



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: Premier Care Professional Nursing Center, 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:  
L08000017616
4. I, Robert Jay Goforth, hereby resign as a Managing Member  
(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.

Robert Jay Goforth  
Signature of Resigning Member, Managing Member or Manager

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

FILED  
09 MAR -2 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA