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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations Medical Centers of Wellington, LLC fka Hygea of Palm Beach, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Lacy Loar-Gruenler (Contact Person) Hygea Holdings Corp (Firm/Company) 8095 NW 12th St., Suite 105 (Address) Miami, FL 33126 (City/State and Zip Code) For further information concerning this matter, please call: Lacy Loar-Gruenler 798-9812 (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: MAILING ADDRESS: **Registration Section** Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

		appears on the records of the Florida Department LC fka Hygea of Palm Beach, LLC
2. The Florida docu	ment/registration number assi	gned to this limited liability company is: Si
L08000026923	3	
3. The date this me 4. I. Business Sol	utione Advisore Inc	ned or will withdraw/resign is: Dec 31, 2012, hereby withdraw/resign as a
	ame of Person Resigning)	, nereby withdrawnesign as a
MGMR		
	(Print Title)	
of this limited lial resignation in wri	· · · ·	limited liability company has been notified of my
Signature of Di	ssociating Member or Resigni	TGLESIAS) FOR BUSINESS ng Manager SOLUTIONS Advisors, INC
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	