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COVER LETTER

Division of Corporations	
SUBJECT: Creative Therapy (Name of Limite	Associates LLC d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Christine T. Hamis (Contact Person)	
Creative Therapy Assoc	uites, UC
1138 Everest St. (Address)	
Clermont FL 34711 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter,	please call:
Christine T. Harris (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the first state of the fi	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 Centive Therapy As		of the Florida Dep	artment
2. This limited liabi	lity company was organized	l under the laws of:		
	ment/registration number of	f this limited liability com	pany is:	
(Print No	S. Tetick sility company and affirm the ting.		(Print Title)	d of my
Signature of Resi	gning Member, Managing M	Member or Manager	SEC TALL	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		RETARY OF STAI AHASSEE, FLOR	4