

LD8D000089289

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(Address)

(City/State/Zip/Phone #)

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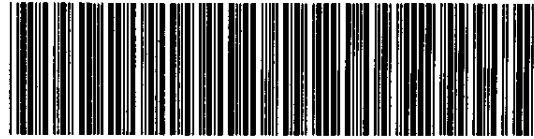
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PLEASE REPLY TO:
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July 1, 2014

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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Central Florida Neuropsychology, LLC
First Guardian Wellness & Rehabilitation Center LLC

Gentlemen:

Enclosed please find an original and one copy of a Dissociation or Resignation of Member, Manager from Florida Limited Liability Company for both of the above limited liability companies. Please file each original, file stamp each copy and return both copies to my office in the enclosed return envelope. Also enclosed please find our check in the amount of \$50.00 for your fees.

If you have any questions or if anything further is required, please contact me.

Sincerely,



Thomas J. Wohl

TJW:tw

Enc.

xc: Client



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Central Florida Neuropsychology, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L08000089289

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 1, 2014

4. I, Juan Ros-Carretero, M.D., hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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

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