

W08000090675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

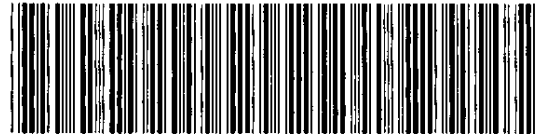
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 23 AM 10:44

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T. CLINE

SEP 24 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2009

LEONIDES G. FINES
4305 VINELAND ROAD, SUITE G-14
ORLANDO, FL 32811

SUBJECT: NULIFE ADULT DAY CARE & HEALTH CENTER, LLC
Ref. Number: L08000090675

We have received your document for NULIFE ADULT DAY CARE & HEALTH CENTER, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 609A00029867

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NuLife Adult Day Care and Health 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:

Leonides G. Fines

(Contact Person)

Finest Care, LLC

(Firm/Company)

4305 Vineland Road, Suite G-14

(Address)

Orlando, FL

32811

(City/State and Zip Code)

For further information concerning this matter, please call:

Leonides G. Fines

(Name of Contact Person)

at (407) 451-5894

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

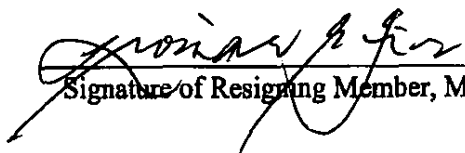
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: NuLife Adult Day Care and Health Center, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L08000090675

4. I, Finest Care, LLC/Leonides G. Fines, hereby resign as a Manager
(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.



Signature of Resigning Member, Managing Member or Manager

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

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TALLAHASSEE, FLORIDA