L0800099269

		/		
(Re	equestor's Name)	ŕ		
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	☐ MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JAN 1 8 2012

EXAMINER



200217655712

01/17/12--01051--029 **25.00

FILED

12 JAN 17 PM 3: 11

SECRETARY OF STATE
JALLAHASSEE, FLORING

COVER LETTER

Division of Corporations	
SUBJECT: Total Holistic Care	LLC
(Ivanie of L	influed Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
Galina Kotlyar	
(Contact Person)	
Total Holistic Care LLC	
(Firm/Company)	
18555 Collins Ave, Suite 100	0-177
(Address)	
North Miami, FL 33160	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Galina Kotlyar	at (_561) 628 6405
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e 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	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company as otal Holistic Care LL		s of the Florida Department
2. This limited I Florida	iability company was organized	i under the laws of:	
3. The Florida d L08000	ocument/registration number of 099209	f this limited liability cor	npany is:
4.1. Michael	Taubman	, hereby resign as a	MGRM
iPrii	n Name of Person Resigning)		(Prim Tine)
of this limited	hability company and affirm th	e limited hability compa	ny has been notified of my
resignation in	writing.		
Signature of R	esigning Member, Managing N	lember or Manager	12 JA
Filing Fee	\$25.00 (Required)		A N

Certified Copy:

\$30.00 (Optional)