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(Requestor's Name)	
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SECRETARY OF STATE
WHASSEF FLORID

COVER LETTER

for

Tallahassee, Florida 32314

Division of Corporations	
SUBJECT: ASSOCIATED FAMILY LAW COUNSELORS, LL (Name of Limited Liability Company)	- C
The enclosed member, managing member or manager resignation and fee(s) are submfiling.	
Please return all correspondence concerning this matter to:	
Lynn K. Henrissey Elg. (Contact Person)	
haw Office of Lyne K- Hennessey (Firm/Company)	
370 Camino Gardens Blud. # 300 (Address)	
Bra Raton FL 33432 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Lyne Henrissey at (541) 447-040 = (Area Code & Daytime Telephone Num	7
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



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SECNETARY OF STATE
FALLAHASSEE, FLORIDA

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 it appears on the records of the Florida Department sociated Family haw Counselors, LLC.
	ility company was organized under the laws of:
	ument/registration number of this limited liability company is:
	hereby resign as a Manager Member (Print Title) bility company and affirm the limited liability company has been notified of my iting.
(dela most	Igning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)