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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Top Notch Training and (Name of Limited		
The enclosed member, managing member or m filing.	anager resig	nation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:	
Gail Eckert, RN		_
(Contact Person)		-
Top Notch Training and Treatmer	nt, LLC	
(Firm/Company)		-
State of the second		
10453 Timbercrest Road		But the second of the second o
(Address)		
		. , ,
Spring Hill, FL 34608		·
(City/State and Zip Code)		_
For further information concerning this matter,	please call:	
Gail Eckert, RN	at (352	650-5297 & Daytime Telephone Number)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	the Florida D	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations
Cinton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	¥. u	Tallahassee, Florida 32314
CR2E079 (5/06)		



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SECRETARY OF STATE
TALLAHASSEE, 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 a Notch Training an		of the Florida Department
2. This limited liabi	lity company was organize of Florida	ed under the laws of:	
3. The Florida docu L09000016	_	of this limited liability com	npany is:
of this limited liab resignation in wri		the limited liability compar	Chief Executive Officer (Print Title) ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		