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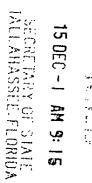
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COVER LETTER

Division of Corporations			
SUBJECT: N#6 6100P, UC, (Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
Micelas Hoyos, (Contact Person)			
NHS Group, LC (Firm/Company)			
2484 SW 24th Ferrace. (Address)			
City/State and Zip Code)			
For further information concerning this matter, please call:			
Name of Contact Person) at (7%) 399-9580 (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: WATERO ADDRESS Registration Section Registration Section			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

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

CR2E079 (2/14)



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: NHO Group, UC
2. The Florida document/registration number assigned to this limited liability company is:
L09000093340
3. The date this member/manager withdrew/resigned or will withdraw/resign is: <u>09101/20</u> 15
4. I, Coroling Colson hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGER (MGR). (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)