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B. BOSTICK
MAR 11 2010
EXAMINER

CR2E079 (5/06)

COVER LETTER

	Registration Section Division of Corporations		:	
SUBJE	~ ~	ness Centre		
The enc	losed member, managing member or	•		submitted for
Please r	eturn all correspondence concerning	this matter to:		
Jeffre	y L. Myers		•	
	(Contact Person)		_	
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	(Firm/Company)		÷	
18413	3 Keystone Grove Blvd.			TALL
	(Address)	·	-	A A
Odes	sa, Florida 33556		· :	MAR IO PH 4: 1 CREENCY OF STAT AMASSEE, FLORI
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For furt	ther information concerning this mat	ter, please call:		L: 17
Jeffre	y L. Myers	at (813	, 852-2244	-
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Registra Division Clifton 2661 Ex	ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle ssee, Florida 32301		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	n ations

CR2E079 (5/06)



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 fshore Pain & Wellne		of the Florida Depart	ment —·
2. This limited liab FLORIDA	lity company was organized	under the laws of:	·	
3. The Florida docu - L0000016(ument/registration number of	this limited liability con	npany is:	
L10000	16042	· · · · · · · · · · · · · · · · · · ·		
4. I. Jerome Ca		hanabir maian as a	Manager/Owne	r
	ame of Person Resigning)	, nereby resign as a	(Print Title)	
•	oility company and affirm the	e limited liability compa	ny has been notified o	fmy
Signature of Resi	gning Member, Managing M	fember or Manager	MAR TO CREIGHY LAHASSE	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 4: 17	J