

L10000028624

Emmanuel Eloi, MD
(Requestor's Name)

5327 State Road 7
(Address)

(Address)

Tamarac FL 33319
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

Sunshine health training Center
(Business Entity Name)

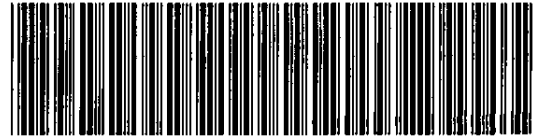
L10000028624
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: ,

Please remove my name
as title manager.
Emmanuel Eloi
+
Lourdes Eloi

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 20 PM 12:46

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J. SAULSBERRY
EXAMINER

JUN 22 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Health Training Centers LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stephanie Jenny StCloud
(Contact Person)

Sunshine Health Training Centers, LLC
(Firm/Company)

5327 N. St. Road 7
(Address)

Tamarac FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie J. StCloud at (904) 766 4233
(Name of Contact Person) (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:

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

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

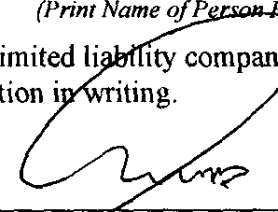
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Sunshine Health Training Centers, LLC.

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L10000028624

4. I, Emmanuel Elwi, MD, hereby resign as a Title manager
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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