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SECRETARY OF STATE
TALLAHASSEE FIODIO

T. CLINE

JUL 14 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sunshine Health (Name of Limited Liab	Training Cility Company)	enter
The enclosed member, managing member or managing filing.	er resignation and fee(s) are	submitted for
Please return all correspondence concerning this ma	tter to:	
Stephanie St Cloud	The control of the Co	
Sunshine Wealth Train (Pirm/Company)	ning Center	2011 JI SECRE
5327 N. St Rd 7		2011 JUL 13 KM II: SECRETARY OF STA ALLAHASSEE, FLOR
Tamarac FL 33319 (City/State and Zip Code)		III: 56 STATE LORIDA
For further information concerning this matter, pleas	se call:	
Stephanie Stund at (9) (Name of Contact Person) (Are	54) 766 42 ? a Code & Daytime Telephone	Number)
Enclosed please find a check made payable to the Flourist S25 Filing Fee	orida Department of State fo \$55 Filing Fee & Certified Copy	er;
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company	• •		orida Departm	ent
	oility company was organiz	J		201 7AL	_•
	ument/registration number	of-this limited liabil	ity company is:	2011 JUL 13 / SECRETARY OF	Subject of
	iame of Person Resigning) bility company and affirm	, hereby resig	(P	en notified of r	iti ger ny
Signature of Res	igning, Member, Managing	Member or Manage	-		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				