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J. BRYAN

NOV 2 1 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Concierge Senior Service	
(Name of Limit	ited Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	this matter to:
Barbara Coenson	
(Contact Person)	
	<u>چين يون</u>
(C)	
(Firm/Company)	HE V
1301 S. International Parkway, Su	NOV 18 PM 1:10 LAHASSEE: FLORII
(Address)	76 -
Lake Mary, Florida 32746	ORIDI
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Barbara Coenson	at ( 407 ) 322-8000
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\sqrt{25}\$ Filing Fee	to the Florida Department of State for: \$55 Filing Fee &
<u>•</u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

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 as it a ncierge Senior Services		of the Florid	a Depar	tment	
2. This limited liabi	ility company was organized un	der the laws of: 		SEGRETARY	13 NOV 18	7
3. The Florida docu L10000040	ment/registration number of thi	s limited liability comp	eany is:	OF STATE	PM 1: 10	į
<sub>4. I,</sub> Barbara Co	oenson	_, hereby resign as a _N	Member	, ,		
	ame of Person Resigning)	_,	(Print	Title)		
of this limited liab resignation in wri	oility company and affirm the ling.	nited liability company	has been n	otified (	of my	
Bauhara	) Coensm					
Signature of Resi	gning Member, Managing Mem	ber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					