10000104012

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B. BOSTICK SEP **2 5** 2012

EXAMINER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: NEW HEALTH HORIZ	
(Name of Limited Liabilit	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
CATHERINE DENSLEY (Contact Person)	
(Contact Person)	
NEW HEALTH LLORIZOUS L	<u>-L</u> <u>C</u>
(Firm/Company)	, and
9260 SW 7220 ST #219 (Address)	12 SEP 24
(Address)	
MIAMI, FL 33/73	Call:
(City/State and Zip Code)	E 2
For further information concerning this matter, please	call:
(Name of Contact Person) at (Area of Contact Person)	os, 275 1098
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	ida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	



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		of the Florida Department
of State is: NEW HEALTH HO	RIZOUS LLC	•
2. This limited liability company was organized	d under the laws of:	•
3. The Florida document/registration number o	•	pany is:
<u>L10000104012</u>	 •	
4. I, PULE HEALING 51NC (Print Name of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited liability company and affirm the resignation in writing.		· · ·
That I		12 SEF
Signature of Resigning Member, Managing M		SEP 24 ABAUS
ALFONSO FELIZZOLA,	PRESIDENT	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		