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(Re	equestor's Name)	
(Ac	ldress)	·
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FILED 2013 OCT -7 PM I: 47 SECRETARY OF STATE TALLAWASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

(Name of Limited Liability Company) SUBJECT:

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

Please return all correspondence concerning this matter to:

(Contact Person)

CHAHADDOR Health Services, UC (Firm/Company)

10 BOX 813058 (Address)

Hollywood, FL 33081 (City/State and Zip Code)

For further information concerning this matter, please call:

rson) at (845) 406-2334 (Area Code & Daytime Telephone Number) there chation (Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (5/06)

MAILING ADDRESS:

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



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: Chattan ago, Health Services, LLC 2. This limited liability company was organized under the laws of: FILED Floxida -7 PH 1:47

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

L10000120342

 $\mu N M A M$, hereby resign as a _1 4. I. ((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.

3.....

guature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)