111000000056

(Rec	questor's Name)			
(Add	lress)	<u></u>		
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
L 				

Office Use Only



900253144529

10/25/13--01019--010 **55.00

2013 OCT 25 AM 8: 03

J. SAULSBERRY EXAMINER OCT 28 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Member Resignation

(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:

Eunice Ikpekpe

(Contact Person)

(Firm/Company)

5916 Egret Landing Place

(Address)

Lithia Florida 33547

(City/State and Zip Code)

For further information concerning this matter, please call:

Eunice Ikpekpe

.,813 .

410-0232

(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

CR2E079 (5/06)



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 le E Health Services LLC	ppears on the records of the Flor	rida Depa	artment	
2. This limited liability company was organized under the laws of: Florida			2013 051 ;		
3. The Florida docu L110000000	ment/registration number of thi	s limited liability company is:	£	25 AM 8:	
4. I, Eunice Ikpe	kpe	_, hereby resign as a MGRM (Ma	nager/Me	ember)	
(Print Name of Person Resigning)		(Pri	(Print Title)		
resignation in wri		mited liability company has beer	ı notifiec	d of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				