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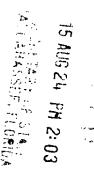
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Registration Section

TO:

CR2E079 (2/14)

Division of Corporations PC Pros of Wellington, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Allen B. Gillespie (Contact Person) PC Pros of Wellington (Firm/Company) 12794 West Forest Hill Blvd. Suite 1B (Address) Wellington, Florida 33414 (City/State and Zip Code) For further information concerning this matter, please call: Allen B. Gillespie (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **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 Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as Pros of Wellington	it appears on the records of the Flor	rida Dep	artme	ent
	ument/registration number as	ssigned to this limited liability comp	any is:		_'
4. l,Jonathan B.	Cecil	igned or will withdraw/resign is: 2	1 19 1 ASS	15 NUG 24	
	lame of Person Resigning) ember	,		PH 2: 03	4
of this limited lia resignation in wr		e limited liability company has beer	्री notifie		ıy
Signature of D Filing Fee:	issociating Member or Resig	ning Manager			
Certified Copy.	\$30.00 (Required) \$30.00 (Optional)				