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Office Use Only



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ECWETARY OF STATE

K.SALY EXAMINER APR 18 2012

COVER LETTER

TO:

CR2E079 (5/06)

Registration Section

Division of Corporations SUBJECT: + 1 RST GORADIAN WELLNES & AT HAB The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: FIRST GIANDIAN NEWARS FROMAB.

(Firm/Company) For further information concerning this matter, please call: Ant Vka Can Variet (954) 456-6122

(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: **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



FILED* 12 APR 16 PM 12: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

			ds of the Florida Department	<u>:</u> e
2. This limited lial	oility company was organize	ed under the laws of:		
	cument/registration number of		ompany is:	
4. I, <u>ARTVEO</u> (Print)	CARUATUL Name of Person Resigning)	, hereby resign as	a HAVA6 FK (Print Title)	
of this limited lia resignation in w		he limited liability comp	oany has been notified of my	
Signature of Res	rigoing Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			