11000041277

, (Re	equestor's Name)			
- (Ad	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Ви	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE

COVER LETTER

то:	O: Registration Section Division of Corporations					
SUBJ	ECT:	Middle River	Sober Livin	g, LLC		
			(Name of Limited	Liability Cor	mpany)	
The er filing.	nclosed	d member, managir	ng member or ma	anager resig	gnation and fee(s) are submitted for	
Please	return	all correspondenc	e concerning this	s matter to:		
Kath	leen	Keane			_	
		(Contact Pe	rson)		_	
Midd	lle Ri	iver Sober Livi			_	
		(Firm/Comp	oany)			
100	SW 9	9th Street, St	e. 105		_	
		(Address)			
Fort	Lau	derdale , Flori	da33315		_	
		(City/State and	Zip Code)		_	
For fu	rther i	nformation concerr	ning this matter,	please call:		
Kath		Keane		954		
	(N	lame of Contact Pers	on)	(Area Code	e & Daytime Telephone Number)	
Enclos	sed ple	ease find a check m	ade payable to the	he Florida I	Department of State for:	
	•	\$25 Filing Fe	•		\$55 Filing Fee &	
		_			Certified Copy	
STRE	ET/C	OURIER ADDRE	ess:		MAILING ADDRESS:	
_		Section			Registration Section	
		Corporations			Division of Corporations	
Clifton					P.O. Box 6327	
•		ive Center Circle Florida 32301			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 ddle River Sober Livin	it appears on the records of t	he Florida Department	
2. This limited liab	pility company was organized	d under the laws of:		
3. The Florida doc L1100004	-	f this limited liability compan	ıy is:	
4. I, Lianny Keane (Print Name of Person Resigning)		, hereby resign as a Ma	anaging Member	
	bility company and affirm th	ne limited liability company h	,	
Signature of Res	igning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 JUI SECRE TALLAH	