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SECHETARY OF STATE
SECHETARY OF STATE

COVER LETTER

TO:	_	stration Section sion of Corporations		
	Divis	sion of Corporations		
SUBJ	ECT:	Senior Living Assistants		
		(Name of Limited	Liability Co	mpany)
The e		d member, managing member or ma	anager resig	gnation and fee(s) are submitted for
Please	e returi	all correspondence concerning thi	s matter to:	
Jac	quelir	ne M. Matiyak		
		(Contact Person)		
	<u></u>	(Firm/Company)		_
		(, ,		
369	5 Exe	ecutive Drive		
		(Address)		_
Palr	n Ha	rbor, FL 34685		
-		(City/State and Zip Code)		-
For fi	urther i	nformation concerning this matter,	please call	:
Jac	queli	ne M. Matiyaka	t (727	785-5589
	(1)	Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclo	sed ple	ease find a check made payable to t		Department of State for: \$55 Filing Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section		Registration Section
	ion of on Buil	Corporations		Division of Corporations P.O. Box 6327
		aing tive Center Circle		Tallahassee, Florida 32314
		Florida 32301		Turingood, Francisco III

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 nior Living Assistants		f the Florida Department
2. This limited liab Florida	ility company was organized	l under the laws of:	
3. The Florida doci L11000070	ument/registration number o	f this limited liability compa	any is:
4. I, Jacqueline		, hereby resign as a V	/P and TR (Print Title)
	ame of Person Resigning) bility company and affirm th iting.	e limited liability company	,
Jesquelin	M. Matiyak igning Member Managing N	Aomhor or Managar	
	gning Member, Managing N \$25.00 (Required)	demoer of wanager	12 SE SECR TALLA
	\$30.00 (Optional)		