

COVER LETTER

TO: * Registration Section
Division of Corporations

SUBJECT: Magnolia Birth House, 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:

Tamara Taitt

(Contact Person)

Magnolia Birth House

(Firm/Company)

5810 Biscayne Blvd

(Address)

Miami, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Tamara Taitt

917 309-1618

at (_____) _____

(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

FILED
15 AUG 28 PM 3:41
OFFICE OF STATE
REGISTRATION



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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Magnolia Birth House, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L11000125143

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/25/15

4. I, Michelle Fonte, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Michelle Fonte

Signature of Dissociating Member or Resigning Manager

FILED
15 AUG 26 PM 3:42
CORPORATION STATE

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)