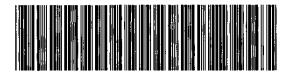
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COVER LETTER

TO: Registration Section **Division of Corporations**

Authenticare Home Health Services, LLC

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Siam Joseph, Esq.

Law Office of Siam Joseph, P.A.

3900 Woodlake Blvd., Suite 204

Greenacres, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Siam Joseph

(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:

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

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 henticare Home Hea	it appears on the records of the Florida Department alth Services, LLC
2. This limited liab	ility company was organized	l under the laws of:
3. The Florida docu L11000138		f this limited liability company is:
(Print Name of Person Resigning)		, hereby resign as a Managing Member (Print Title) e limited liability company has been notified of my
Signature of Resi	gning Member, Managing N \$25.00 (Required)	Member or Manager SEGRETARY BEST