

L11000143674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Resignation of MB3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elder Care Resources USA, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

David B. Switalski

(Contact Person)

Attorney At Law

(Firm/Company)

1018 Thomasville Rd., Ste. 111A

(Address)

Tallahassee, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

David B. Switalski

(Name of Contact Person)

at (850) 222-6200

(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

**RESIGNATION OF MANAGER MEMBER FROM ELDER CARE
RESOURCES USA, LLC**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is Elder Care Resources USA, LLC.
2. This limited liability company was organized under the laws of the State of Florida.
3. The Florida document/registration number of this limited liability company is L11000143674.
4. I, TRACY LANDRUM, hereby resign as a manager member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing and that I no longer have an ownership interest in the company in accordance with the Mediation Agreement dated September 19, 2013.



TRACY LANDRUM

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