#/ 13000066868

| (Re | questor's Name) | | |
|---|------------------|-------------|--|
| (Address) | | | |
| (Address) | | | |
| (Cit | v/State/7in/Phon | - #h | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | |
| | · | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer. | | | |
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Office Use Only



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K.SALY EXAMINER JUL - 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBC HEALTH PROFESSIONALS 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:

CHIARA B CARRASQUILLO

(Contact Person)

CBC HEALTH PROFESSIONALS LLC

(Firm/Company)

1523 WEST HILLSBOROUGH AVE

(Address)

TAMPA, FL 33603

(City/State and Zip Code)

For further information concerning this matter, please call:

CHIARA B CARRASQUILLO at 787 363-3744

(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:

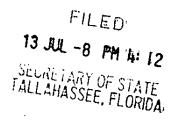
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| 1. The name of the | limited liability company as | it appears on the records of the Florida Department |
|---|--|---|
| of State is: CB | C HEALTH PROFESSI | ONALS LLC |
| 2. This limited liab | ility company was organized | under the laws of: |
| 3. The Florida doct L130000668 | | f this limited liability company is: |
| _{4. I,} BLANCA C | MARRERO | , hereby resign as a MGRM (Print Title) |
| (Print N | lame of Person Resigning) | (Print Title) |
| of this limited lial resignation in wr | | e limited liability company has been notified of my |
| Blasen | igning Member, Managing M | anent |
| Signature of Resi | igning Member, Managing M | lember or Manager |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | |
| Certified Copy: | \$30.00 (Optional) | |