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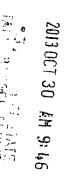
(Requestor's Name)				
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J. SAULSBERRY EXAMINER

OCT 3 1 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MAXIMA MULTICARE 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:

ALCIONILDO B PIRES

(Contact Person)

MAXIMA MULTICARE LLC

(Firm/Company)

11202 STOCKWELL CT

(Address)

ORLANDO, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Alcionildo Pires

, 407

914-8494

(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

	imited liability company as it app KIMA MULTICARE LLC	ears on the records of the Flo	orida De	partment
2. This limited liab	lity company was organized unde	r the laws of:	A	2013 OCT 30
3. The Florida docu L130001212	ment/registration number of this l	imited liability company is:		M 9: 46
4. I, ERIKA PIRES		, hereby resign as a MGRM		
,	ome of Person Resigning) ility company and affirm the limiting.	·	<i>rint Title)</i> en notifie	ed of my
Signature of Resi	رعر) gning Member, Managing Membe	r or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			