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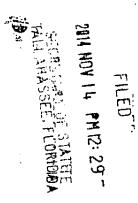
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resignation of

11/14/14--01011--006 **25.00



12/1/14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Senior Cone Consultant, 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:
NAWCY OSS (Contact Person)
A Serion Care Consultant, LLC. (Firm/Company)
103 5. US Hishway One, Suite F5, Box 196
Jupiren F2 33477 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (772) 341-258 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2014 NOV 14 PM 12: 29

SECRE WAY OF STATE
TABLE AHASSEE, FLORIDA

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:	Sepion CARE Consultant, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 1300	00 142817
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is:
	Band ild , hereby withdraw/resign as a me of Person Resigning)
Memb	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Daboral	Butuld
Signature of Dis	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)