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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALL OF STATE

LLC Mem Resign

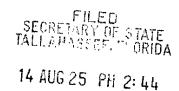
SEP 04 2014 T. CARTER

COVER LETTER

Division of Corporations		
SUBJECT: Pride Health & Vitality (Name of Limited Liability Com	pany)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
William Westergon (Contact Person)	-	
Pride Health + Vitality (Firm/Company)	-	
3100 medical way,	-	
Se bring, FL 33870 (City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Bill Westergum at (863 (Name of Contabl Person) (Area Code) 301-9437 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	epartment of State for. Fee & Certified Copy	
Cliffon, Bldg	Registration Section Division of Corporations P.O. Bod. 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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: Pride Health & Vitality LLC.
2. The Florida document/registration number assigned to this limited liability company is:
46-4359896
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8 1914
4. I, William Westergon, hereby withdraw/resign as a (Print Name of Person Resigning)
Manager (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Wthlef
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)
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