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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Progressive Minds LLC dba Complete C	
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Danielle Morgan	
(Contact Person)	_
Complete Care Providers	
(Firm/Company)	
PO Box 616162	_
(Address)	
Orlando, FL 32861	
(City/State and Zip Code)	
For further information concerning this matter, please call	:
Danielle Morgan 407	431-0766
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$55 Filing	Department of State for: g 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 (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	f the Florida Department
of State is:	gressive Minds, LLC		·
2. The Florida doc	ument/registration number as	ssigned to this limited liabil	ity company is:
L1400001004	0		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resi	gn is:
4. I, Vancille Der	astel	hereby withdraw/res	ion as a
(Print S	astei Same of Person Resigning)	, neroby withdrawites.	.51. 40 4
Manager/Ow	ner		
•	(Print Title)		
of this limited lia resignation in wi	bility company and affirm the	ne limited liability company	_
V	Jack	7//	16 NOISING
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		<u>ं</u> त