L14000122982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

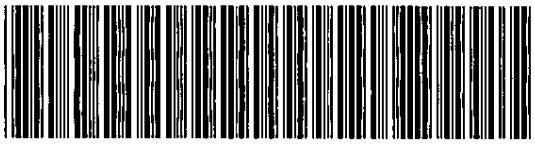
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500267058845

resignation of MGR

500267058845
12/08/14--01009--014 **25.00

FILED
2014 DEC -8 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 DEC 15 PM 2:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12/16/14

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Elite Healthcare Consulting Group
(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:

Carol Anderson
(Contact Person)

(Firm/Company)

6061 NW 69th Way
(Address)

Parkland, FL. 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Anderson at (561) 542-4702
(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 (2/14)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, 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: Elite Healthcare Consulting Group, LLC.

2. The Florida document/registration number assigned to this limited liability company is: L14000122982

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/14

4. I, Carol Anderson, hereby withdraw/resign as a
*(Print Name of Person Resigning)*
Managing Partner
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Carol Anderson
Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)