

AUG/06/2018 01:01 PM

FAX NO.

001/002

8/6/2018

Division of Corporations

L15000174262

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RELIANT CARE MANAGEMENT LLC

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AUG 07 2018

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: RELIANT CARE MANAGEMENT LLC

2. The Florida document/registration number assigned to this limited liability company is: L15000174262

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/3/18

4. I, ALAIN BONVEGCHIO, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

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