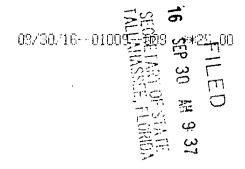
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DEPARTMENT OF SAME

OCT 0 3 2016

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

New Beginning	s Behavioral, LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation SS W
		Dissolution / Withdrawal = O
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
orginature.		Vehicle Search
	, and	Driving Record
Requested by: Seth		UCC I or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier



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 ap	opears on the records of the f	Iorida Departmen	t
of State is: New	Beginnings Behavioral, LLC		·	
2. The Florida docu L16000107309	ment/registration number assign	ed to this limited liability co	mpany is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:		9/26/2016		
4. I, Manuel Tara	cido	hereby withdraw/resign as	a	
(Print N	cido ame of Person Resigning)	_,g	•	
MGR, AMBR				
	(Print Title)			
of this limited liab resignation in wri	pility company and affirm the lin	nited liability company has b	een not fied of my SEP 30	
Filing Fee:	ssociating Member or Resigning \$25.00 (Required)	Manager	AN 9: 37 OF STATE E, FLORIDA	
Certified Copy:	\$30.00 (Optional)			