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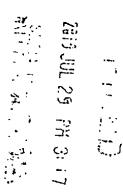
(Requestor's Name)						
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COVER LETTER

CR2E079 (2/14)

~	stration Section sion of Corporations					
SUBJECT:	Sun Health Advocates, LLC					
	(Name of Lir	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissoc	ciation and fee(:	s) are submitted for filing.			
Please return	n all correspondence concerning	g this matter to:				
Norman Sr	niley					
	(Contact Person)	,	_			
Sun Health	Advocates, LLC					
	(Firm/Company)		_			
3350 NW 2	2nd Ave. Suite A40					
	(Address)		_			
Boca Rator	n, FL 33431					
	(City/State and Zip Code)		_			
For further in	nformation concerning this mat	ter, please call:				
Norman Sn	niley	561 at (504-6040			
(N	Jame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed plo ■ \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy			
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			



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)

	n Health Advocates, LLC	s it appears on the records of the Flo	orida Di	
2. The Florida do	cument/registration number as	ssigned to this limited liability com	:-}-¦ pāny⊥is	
L180000908		5		
		·	12. ·	ري ره
		signed of will withdraw/resign is:	<u>-</u>	h,-2019
4. I. Neil Smiley		, hereby withdraw/resign as a	- 	ç.) -1.
4. 1,(Print	Name of Person Resigning)	, nereby withdraw/resign as a		
Member				
	(Print Title)			
of this limited li resignation in w		ne limited liability company has bee	n notifi	ied of my
	and of			
Signature of I	Dissociating Member or Resig	ning Manager		
Filing Fee:	\$25.00 (Required)			