## M0/000006603

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Name	e) ;
(Dc	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates c	of Status
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN 1 8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Vista National Insurance Group of (Name of Limited Liability Company) Florida, LLC
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
John D. Pickard (Contact Person)
Teaberry Health & Welfare
1 Progress Plaza Suite 630
5+. Petersburg, FL 33701 (City/State and Zip Jode)
For further information concerning this matter, please call:
Tohn Pickard at (727) 8942200 (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  Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the li of State is:	mited liability company a staNational	as it appears on the records of Insurance	the Florida De	partn of	nent Flori
2. This limited liability Florida	ty company was organize	ed under the laws of:			
	nent/registration number 000 ω0 3	of this limited liability compa	ny is:		
·	• •	, hereby resign as a	(Print Title)		— my
Signature of Resignature	aring Member, Managing	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			1 HUL 60	SECRETAR DIVISION OF

CR2E079 (5/06)