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(Re	equestor's Name)	
(Ad	ldress)	*, . %
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORFORATION

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Southern Healthcare Series (Name of Limited Liability Co	npany)	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:	:	
DeAnne Suozzo (Contract Person)	_	
Southern Healthcare Services (Firm/Company)	_	
902 Grassmere Ave PPO (Address)	Box 2124	
Ocean NJ 077/2 (City/State and Zip Code)	_	
For further information concerning this matter, please call:		
De Anne Suozzo at (732 (Name of Contact Person) (Area Code	6 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$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 (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 limited liability company as it appears on the records of the Florida Department
of State is: Southern Healthcare Services, LLs
,
2. This limited liability company was organized under the laws of:
Delaware
3. The Florida document/registration number of this limited liability company is:
m10200000168
4. I, David Harris - JDR Mant Co. Inc., hereby resign as a Manager (Print Name of Person Resigning) (Print Fitte)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Q if Janin
Signature of Resigning Member, Managing Member or Manager

\$25.00 (Required) \$30.00 (Optional)

CR2E079 (5/06)

Filing Fee: Certified Copy: 07 MAR 12 PM 10: 26