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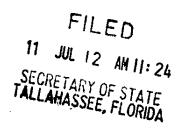
ALLAMASSEF FLORING

COVER LETTER

Division of Corporations	
SUBJECT: Security Health Advisor	rs, LLC
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Konnie Davis	
(Contact Person)	,
Security Health Advisors, LLC	
(Firm/Company)	
3100 Burnett Plaza, 801 Cherry S	St, Unit 33
(Address)	
Fort Worth, Texas 76102	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Konnie Davis	at (817) 878-3607 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida 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 of State is:	e limited liability company as	it appears on the records of , LLC	the Florida Department
2. This limited liab	pility company was organized	under the laws of:	
3. The Florida doc M0900000	ument/registration number of	this limited liability compa	ny is:
_{4. I.} Kimberly (Clark	, hereby resign as a C	eO
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wi	bility company and affirm the	: limited liability company	has been notified of my
Signature of Res	igning Member, Managing M	ember or Manager	
	\$25.00 (Required)		
Certified Conv	\$30.00 (Ontional)		