

L18 000 268 685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

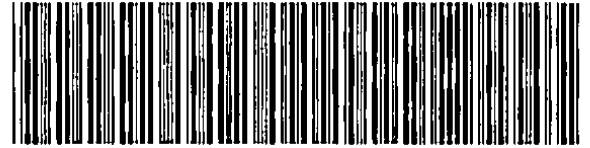
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000396322940

10.28.22 -01010-010 6:01:01

2022 OCT 28 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

*Association*

JAN 31 2023  
D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASAP HOME CARE AND REPAIR, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

STEVEN SILCOCK  
(Contact Person)

ASAP HOME CARE AND REPAIR, LLC  
(Firm/Company)

13014 NIMITZ COURT  
(Address)

WINTER GARDEN, FL 34787  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN SILCOCK at ( 407 ) 574-0218  
(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                       \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 OCT 28 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**



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 appears on the records of the Florida Department of State is: ASAP HOME CARE AND REPAIR, LLC

2. The Florida document/registration number assigned to this limited liability company: L18000268685

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/24/2022

4. I, STEVEN SILCOCK, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

2022 OCT 28 PM 4:32  
SECRETARY OF STATE  
10/24/2022

FILED