

L030000006311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

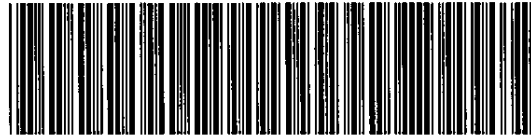
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN -9 AM 11:21

C. LEWIS

JUN 20 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TENDER TOUCH HOME HEALTH 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:

ROBERT SURIS

(Contact Person)

(Firm/Company)

4949 SW 75 Avenue

(Address)

Miami, Florida 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Suris

(Name of Contact Person)

at (305) 663-1002
(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

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

WITHDRAWAL AND RESIGNATION LETTER

JUNE 5, 2014

Certified mail, return receipt requested

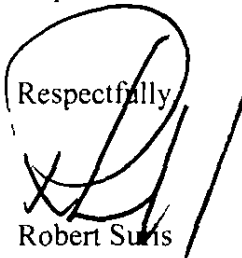
TENDER TOUCH HOME HEALTH CARE LLC
a Florida limited liability company
4943 S.W. 75th Avenue, Suite 101
Miami, Florida 33175

Re: Membership Interest of Robert Suris

To Whom It May Concern:

The undersigned Robert Suris hereby voluntarily withdraws as a Member of Tender Touch Home Health Care LLC, effective June 5, 2014.

The undersigned Robert Suris hereby resigns any and all management authority, if any, with respect to the above limited liability company effective June 5, 2014. Further, I provide a copies of the fully executed Membership Interest Redemption Agreement and Assignment of LLC Membership Interest.

Respectfully,

Robert Suris



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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: Tender Touch Home Health LLC

2. The Florida document/registration number assigned to this limited liability company is:
L03000006311

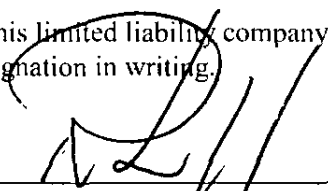
3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 5, 2014

4. I, Robert Suris, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager Member

(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)