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Division of Corporations			
Kare Assisted Living, LLC SUBJECT:			
(Name of Limit	ed Liability Cor	npany)	-
The enclosed member, resignation or dissocia-	tion and fee(s	are submitted for filing.	-
Please return all correspondence concerning th	nis matter to:		`-
Lauren Samaan			_
(Contact Person)		_	:
			•
(Firm Company)		_	
4314 Blonigen Ave			
(Address)		_	
Orlando, FL 32812			
(City/State and Zip Code)		_	
For further information concerning this matter	, please call:		
Lauren Samaan	407	402-5616	
(Name of Contact Person)		& Daytime Telephone Number)	-
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: Fee & Certified Copy	
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Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



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)

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		·
	: limited liability company as Kare Assisted Living, LLC	
	nument/registration number a 0109127	ssigned to this limited liability company is: $\overline{\sigma}$
	ember/manager withdrew/res	igned or will withdraw/resign is:
		, hereby withdraw/resign as a
(Print)		
	MGRM	
	(Print Title)	
of this limited lia resignation in wa		ne limited liability company has been notified of my
Laure	Sumun	
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	