

L07000072625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

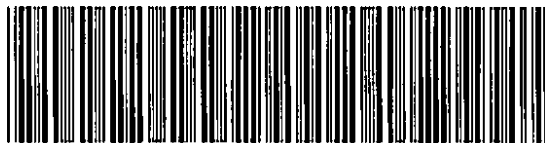
(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 17 AM 10:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2017

RICK GARCIA
3109 W HALLANDALE BEACH BLVD #101
HALLANDALE, FL 33009

SUBJECT: TOTAL HOME CARE PALM BEACH, LLC
Ref. Number: L07000072625

We have received your document for TOTAL HOME CARE PALM BEACH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00013381

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL HOME CARE PALM BEACH, 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:

RICK GARCIA

(Contact Person)

THHI MANAGEMENT, INC

(Firm/Company)

3109 W HALLANDALE BEACH BLVD #101

(Address)

HALLANDALE, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

RICK GARCIA

(Name of Contact Person)

954 962-2133
at (_____) _____
(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



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: TOTAL HOME CARE PALM BEACH, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L07000072625

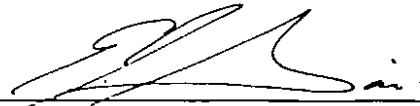
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 26, 2017

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

CFO

(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)

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17 JUL 17 AM 10:51
DIVISION OF CORPORATIONS
STATE OF FLORIDA