

L08 00000 3016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

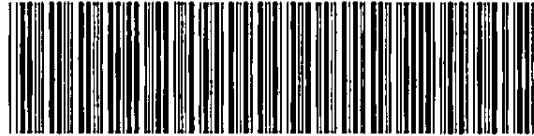
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/22/20--01016--004 \*\*25.00

R. WHITE  
FEB 19 2020

2020 2 22 11:11:00

## COVER LETTER

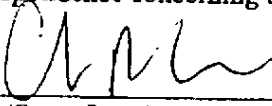
TO: Registration Section  
Division of Corporations

SUBJECT: Cove Center for Recovery, 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:

Christopher Walsh

  
(Contact Person)

Cove Center for Recovery  
(Firm/Company)

3805 NE 7 Drive

(Address)

Boca Raton, Florida 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Walsh

(Name of Contact Person)

at 561 703-2339

(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



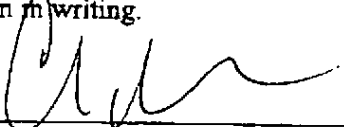
2020 JUN 22 PM 11:00

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: Cove Center for Recovery, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L08000003016
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/23/2019
4. I, Christopher Walsh, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member/Manager  
*(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)