

L080000 59202

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 28 AM 10:33

T. HAMPTON

AUG 31 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AT HOME CARE NURSING, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIZABET AZZARETTO

Name of Person

AT HOME CARE NURSING, LLC.

Firm/Company

7438 SW 48 STREET, SUITE B

Address

MIAMI, FL 33155

City/State and Zip Code

athomecarenursing@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIZABET AZZARETTO

Name of Person

at (305)

667-0203

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AT HOME CARE NURSING, LLC.

7438 SW 48 STREET, SUITE B

MIAMI, FL 33155

305-667-0203 TEL.

305-667-0202 FAX.

MEMO

DATE: 8/26/09
TO: FL DEPT OF STATE DIVISION
FROM: LIZABET AZZARETTO
RE: AMMENDMENT

TO WHOM IT MAY CONCERN:

IF YOU SHOULD HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT
ME AT: 786-709-3593.

BEST REGARDS,

LIZ



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AT HOME CARE NURSING, LLC.

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:

L 08000059202

4. I, SIDNEY Z. BRODIE, hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning) (Print Title)

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

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
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