## L080000 94424

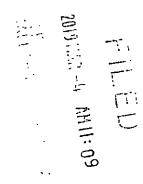
(Re	equestor's Name)						
(Ác	idress)						
(Ac	ddress)						
(Ci	ty/State/Zip/Phone	e #)					
PICK-UP	WAIT	MAIL					
(Bu	usiness Entity Nan	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							





600325123316

03/04/19--01029--006 \*•55.00



Busnorlinla

MAR 1 3 2019 I ALBRITTON

## **COVER LETTER**

Division of Corporations
SUBJECT: PH Companions of Pinellas LCC (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:
Contact Person)
PH Companions of Pinellas LLC (Firm/Company)
P.O. Box 67362 (Address)
St. Pete Beach 154 33734 (City/State and Zip Code)
For further information concerning this matter, please call:
Ope Pfe, Ffer at (727) 360-6006  (Name of Contact Person) (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  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

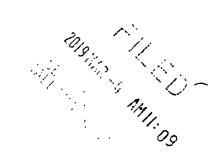
CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section





## 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 li	mited liabil	ity company as	it appears	s on the	records of the F	lorida Department
of State is:	PH	Compan	ion.	of	Pinellas	<u> </u>
2. The Florida docur	nent/registra	ation number as:	signed to	this lir	nited liability cor	npany is:
L08000	0 9442	14	·			
3. The date this men	iber/manage	er withdrew/resi	gned or v	vill wit	hdraw/resign is:	12/31/18
4. I, David (Print Nati	A   Fox	H~!	, her	eby wi	thdraw/resign as	/ / a
Mem	   <u>                                   </u>	·				
of this limited liabi		ny and affirm the	limited	liability	y company has be	een notified of my
Dail Alton						
Signature of Dis	sociating M	ember or Resign	iing Man	ager		
Filing Fee:						
Certified Copy:	= \$30.00 (C	Optional)				