L090000010960

(Requestor's Name)

(Address)

(Address)
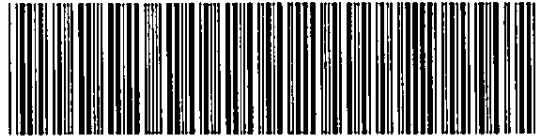
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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Office Use Only

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02/20/18--01010--009   **25.00

B FIGUEROA

FEB 20 2018

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: Your Caring Law Firm PLC
_____
                (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:

Mary Merrell Bailey, Managing Partner
_____
                (Contact Person)

Your Caring Law Firm PLC
_____
                (Firm/Company)

610 S. Maitland Avenue
_____
                (Address)

Maitland, FL 32751
_____
                (City/State and Zip Code)

For further information concerning this matter, please call:

Vickie L. Parker   407   622-1900
_____ at (_____) _____
    (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: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **Your Caring Law Firm PLC**

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

L09000010960

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **July 31,, 2013**

4. I, **David Pilcher** , hereby withdraw/resign as a
   (Print Name of Person Resigning)

Member
   (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)

FILED
18 FEB 20 PM 4: 01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E079 (2/14)