

LO9000051221

(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



200295780912

02/21/17--01013--003 **25.00

RECLAMATION OF STATE
TALLAHASSEE, FLORIDA

2017 FEB 21 PM 1:54

FILED

K. SALY

FEB 22 2017

CK # 3235

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONNIE Singleton Skilled Nursing Care, 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:

Richard Singleton
(Contact Person)

Bonnie Singleton Skilled Nursing Care, LLC
Angels At Home (DBA)
(Firm/Company)

3320 Corey Road
(Address)

Sarasota, FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Singleton at (941) 376 9928
(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
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

FILED

2017 FEB 21 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: BARBARIE SINGLETON SKILLED NURSING CARE LLC

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

L09000051221

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JANUARY 1, 2016

4. I, Barbara Lee Singleton, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM
(Print Title)

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

B Singleton
Signature of Dissociating Member or Resigning Manager

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