## L110000022409

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doe	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
i		

Office Use Only



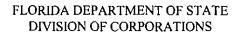
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## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department Guardian Wellness & Rehabilitation Center LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	Carretero, M.D. , hereby withdraw/resign as a large of Person Resigning)
Manager	
-	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
m	ssociating Member or Resigning Manager
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
cornica copy.	φουνο (Optional)