L11000024584

(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:

JUL 17 2013

A. LUNT

Office Use Only

500249466965

07/15/13--01034--017 **25.00

FILED

2013 JUL 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL Care Solutions, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mercedes Fandino
(Contact Person)

ALL Care Solutions, LLC
(Firm/Company)

17719 SW 144th Ave
(Address)

Miami, FC 33177
(City/State and Zip Code)

FILED
2013 JUL 15 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mercedes Fandino at (305) 338-8856
(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

CR2E079 (5/06)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2013 JUL 15 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ALL Care Solutions, LLC.

2. This limited liability company was organized under the laws of:
State OF Florida.

3. The Florida document/registration number of this limited liability company is:
L11000024584.

4. I, Luisa Rondon-Lassen, hereby resign as a Manager
(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.

Luisa Rondon-Lassen
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)

L13000048269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

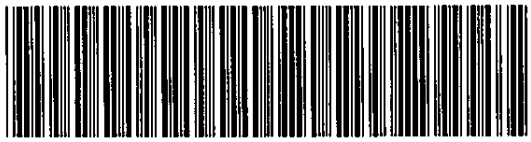
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUL 17 2013

A. LUNT

Office Use Only



800249467508

07/15/13--01016--012 **25.00

FILED

2013 JUL 15 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oil Lab, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jody Porter
(Contact Person)

Pineiro Byrd PLLC
(Firm/Company)

4600 Military Trail, Suite 212
(Address)

Jupiter, FL 33458
(City/State and Zip Code)

FILED
2013 JUL 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Barry Byrd at (561) 799-9280
(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

CR2E079 (5/06)

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: OIL LAB, 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: L13000048269

FILED
2013 JUL 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. I, RICHARD MELCER, 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.

X _____
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)

RESIGNATION

TO: Managing Members Oil Lab, LLC (the "Company")
RE: Resignation from the Company
FROM: Richard Melcer
DATE: April 4, 2013

The undersigned hereby submits this as the resignation by the undersigned from all Company positions held in Oil Lab, LLC, a Florida limited liability company (the "Company"), including any position held as an officer, director, manager or managing member of the Company.

The Resignation shall be effective as of the date set forth above.

By: _____
Name: Richard Melcer

FILED
2013 JUL 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA