

L11000074402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

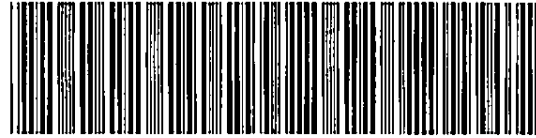
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 DEC -6 AM 8:26
SEAL
TALLAHASSEE, FLORIDA

2017 NOV -6 PM 6:12

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DEC 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

KRISTY VELAZQUEZ
207 E ROBERTSON ST, STE B
BEANDON, FL 33511

SUBJECT: PEACEFUL SPIRIT HOME HEALTHCARE, LLC
Ref. Number: L11000074402

We have received your document for PEACEFUL SPIRIT HOME HEALTHCARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate date member resign/withdrew from company

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00022542

2017 DEC -4 AM 11:47

MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEACEFUL SPIRIT HOME HEALTHCARE, 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:

KRISTY VELAZQUEZ

(Contact Person)

LIFESAVERX, LLC

(Firm/Company)

207 EAST ROBERTSON STREET, SUITE B

(Address)

BRANDON, FLORIDA 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTY VELAZQUEZ

(Name of Contact Person)

813 283-1131
at ()
(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

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

FILED
17 DEC -14 AM 8:26
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PEACEFUL SPIRIT HOME HEALTHCARE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L11000074402

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/10/17

4. I, KRISTY VELAZQUEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER and 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)