

L11 0000093199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

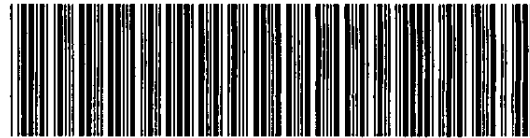
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800245806668

800245806668
03/25/13--01059--031 **55.00

FILED
13 MAR 25 AM 9:23
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 26 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HYLAN HOME CARE AGENCY 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:

ANDRE PIERRE / CO DEBORAH DALEY
(Contact Person)

(Firm/Company)

2170 NW 99 TERRACE
(Address)

PEMBROKE PINES FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH DALEY at (954) 558-8413
(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

TALLAHASSEE, FLORIDA

13 MAR 25 AM 9:23

FILED



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: HYLAN HOME CARE AGENCY 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:

L11000093195

4. I, ANDRE JAMAAL PIERRE, 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.


Signature of Resigning Member, Managing Member or Manager

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

FILED
13 MAR 25 AM 9:23
TALLAHASSEE, FLORIDA