

LI1 000138844

(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



600252281506

10/02/13--01028--004 **55.00

FILED
2013 OCT -2 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 3 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Authenticare Home Health Services, 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:

Siam Joseph, Esq.

(Contact Person)

Law Office of Siam Joseph, P.A.

(Firm/Company)

3900 Woodlake Blvd., Suite 204

(Address)

Greenacres, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Siam Joseph

(Name of Contact Person)

at 561 967-3124

(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT -2 PM 1:42

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: Authenticare Home Health Services, 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:
L11000138844.

4. I, Sunny Sia, 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.



Signature of Resigning Member, Managing Member or Manager

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

FILED
2013 OCT -2 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA