

L12000078661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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n BRUCE  
JUL 26 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comprehensive Home Care of Polk, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000078661

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garrett W. Bragg  
Name of Person

Comprehensive Home Care  
Name of Firm/Company

6450 NW 5th Way  
Address

Fort Lauderdale, FL 33309  
City/State and Zip Code

gbragg@cwshomehealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garrett W. Bragg at (954) 834-2222  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael W. Moskowitz, hereby resigns as

Name of Registered Agent

Registered Agent for Comprehensive Home Care of Polk, LLC

Name of Limited Liability Company

L12000078661

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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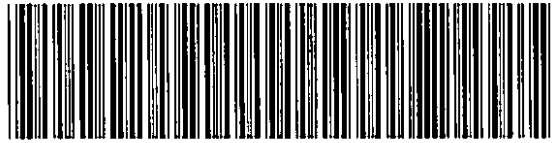
(Business Entity Name)

(Document Number)

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JUL 26 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Craft Cartel Catering, 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:

Sean Tylehert  
(Contact Person)

Craft Cartel Catering LLC.  
(Firm/Company)

234 SW 12th Ave.  
(Address)

Boynton Beach, FL 33435  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sean Tylehert at ( 561 ) 906 2950  
(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

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Credit Cartel Catering LLC

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

L15000066767

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/17/18

4. I, Sean Islehart, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

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