L12 000 112058

(Requestor's Name)				
DA)	dress)			
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
_	_	_		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificates	or Status		
Special Instructions to				
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Family First Homecare, LLC	
(Name of Limited Liabi	lity Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
Ryan MacClellan	
(Contact Person)	
FF Capital Partners, LLC	
(Firm/Company)	
6 Ponte Vedra Circle	
(Address)	
Ponte Vedra Bvd, 32082	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Ryan MacClellan 904	449-9490
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flores \$25 Filing Fee	rida Department of State for:
□ \$55 Litting Fee	Filing Fee & Certified Copy
Mailing Address:	
Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

I. The name of the of State is:	ne limited liability company a nily First Homecare, LLC	s it appears on the records	of the Florida Department
2. The Florida do L12000112058	cument/registration number a	ssigned to this limited liab	vility company is:
Page 11. (D) 1	nember/manager withdrew/res Gray Name of Person Resigning)		
	her		y has been notified of my
	issociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	FILED 2020 AUG 31 PM I SECRETARY OF STALLAHASSEE.