## L13000091385

(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:





500258281415

04/10/14--01021--004 \*\*25.00

TA AFR TO PH 1:12

20/m8/m (10/4)/4

## **COVER LETTER**

Registration Section Division of Corporations

SUBJECT: South Florida Properly Care, L
(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:
James M Stednens (Contact Person)
South Forida Property Care LLC (Firm/Company)
810 NE 75 <sup>th</sup> St (Address)
Manifeld 33138 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (305) 338 8388 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\square\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 hability company as it appears on the records of the Florida Department
of State is: South Florida Property Care, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L13000097385
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/3//13
4. I, Chris A. Jenkins, hereby withdraw/resign as a (Print Name of Person Resigning)
MGRM (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

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: