

L14000006059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

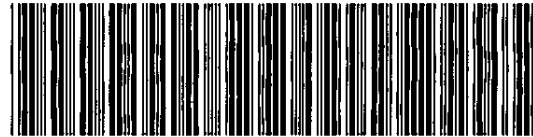
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/08/14--01011--025 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR
2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hands of Life Healthcare Education, 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:

Shalika B. Vitta
(Contact Person)

Hands of Life Healthcare Education
(Firm/Company)

10234 3rd St N #A
(Address)

St. Petersburg FL
(City/State and Zip Code)

For further information concerning this matter, please call:

Shalika B. Vitta at (727) 216-5126
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

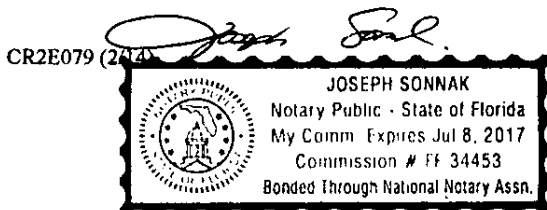
**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Florida, Hands of Life Healthcare Education, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L14000006059
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/21/14
4. I, Stephanie Carrington, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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

Stephanie Carrington
Signature of Dissociating Member or Resigning Manager

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



STATE OF FLORIDA
COUNTY OF PINELLAS
The foregoing instrument was acknowledged before me this
21st day of AUGUST, 20 14
by STEPHANIE CARRINGTON, INC.
☐ PERSONALLY KNOWN TO ME
☒ PRODUCED AS IDENTIFICATION
File: CU52798765980 Doc: 3/18/70
Type of Identification