

L14000 017 236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

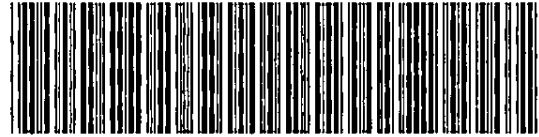
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200337420482

12/02/19--09:33--010 ••75.00

R. WHITE

JAN 10 2020

2019 12 2 PM 4:36

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**BLOOMINGDALE PREMIERE CARE CENTER LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**KRISTYN JOSEPHS**

\_\_\_\_\_  
(Contact Person)

**NONE**

\_\_\_\_\_  
(Firm/Company)

**1208 E KENNEDY BLVD UNIT 714**

\_\_\_\_\_  
(Address)

**TAMPA, FL 33602**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**KRISTYN JOSEPHS**

**813**

**280-0786**

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_  
(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



2019 JUL -2 PM 4:36

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  
**BLOOMINGDALE PREMIERE CARE CENTER LLC**  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
**L14000017236**  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **06/30/2019**  
\_\_\_\_\_

**KRISTYN JOSEPHS**  
4. I, **KRISTYN JOSEPHS**, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
**ADM**

\_\_\_\_\_  
(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

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