

L140000 76417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 20 PM 1:32

OCT 31 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Familiar Healthcare 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:

Nancy Pedersen.
(Contact Person)

Familiar Healthcare LLC.
(Firm/Company)

15018 SW 140 Court.
(Address)

Miami FL 33186.
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Pedersen. at (305) 720 1661.
(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



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 20 PM 1:32

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: Familiar Healthcare LLC.

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

L14000076417.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 20th, 2014

4. I, Nancy Pedersen, hereby withdraw/resign as a
(Print Name of Person Resigning)

COO
(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)

DISSOCIATION MUTUAL RELEASE AND CONFIDENTIALITY AGREEMENT

WHEREAS, this Mutual Release and Confidentiality Agreement (the "Agreement") is entered into on this 20 day of September, 2014 between Nancy PEDERSEN (PEDERSEN) and Kendra Negron (NEGRON), and PEDERSEN and NEGRON are sometimes hereinafter referred to collectively as the "Parties"; and

WHEREAS, PEDERSEN and NEGRON are the sole members and managers of Familiar Healthcare LLC, a Florida Limited Liability Company (COMPANY); and

WHEREAS, PEDERSEN is dissociating herself from the COMPANY by her own express will pursuant to Florida Statute §605.0601(1); and

WHEREAS, NEGRON, on her own behalf and that of the COMPANY, agrees PEDERSEN's dissociation from the COMPANY, on the terms and conditions set forth in this Agreement;

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties, intending to be legally bound, agree as follows:

1. The foregoing recitals are true and correct and incorporated herein by reference.
2. In consideration for the releases from liability and the covenant to indemnify and hold harmless as contained herein which are granted by NEGRON to PEDERSEN, PEDERSEN hereby dissociates her membership in the COMPANY and, in doing so without reservation, waives, relinquishes, and forfeits her share in any present and future income, profits, or distributions from the COMPANY, and she further does so with regard to any rights to own or control the COMPANY or otherwise act as an agent thereof.
3. In consideration for PEDERSEN's dissociation and releases from liability as contained herein granted by PEDERSEN, NEGRON hereby promises without reservation to hold harmless and otherwise indemnify PEDERSEN from and against any loss, liability, damage, or expense (including, without limitation, attorney's fees) that is suffered or incurred by NEGRON or the COMPANY as a result of and in connection with PEDERSEN's dissociation, irrespective of whether the same is rightful or wrongful under Florida Statute §605.0601.
4. PEDERSEN hereby releases, remises, acquits, satisfies and forever discharges NEGRON, and the COMPANY, and their predecessors, successors, assigns, representatives and attorneys, whether or not expressly named herein (such persons or entities, individually and collectively, referred to hereafter as the "NEGRON Released Parties"), of and from any and all claims, demands, damages, suits, remedies, actions and causes of action, debts, sums of money, agreements, warranties, promises, defects, losses and expenses of any and every kind or character, whether known, unknown or suspected, whether direct or derivative, for or because of anything done or not done, omitted or suffered to be done by any of the NEGRON Released Parties, individually and/or collectively, concerning, relating to, arising out of, or in any manner related to the Parties' relationship and involvement with the COMPANY, from the beginning of the world through the date on which this Agreement is signed by the Parties.

5. On behalf of NEGRON, and the COMPANY, and their predecessors, successors and assigns, NEGRON releases, remises, acquits, satisfies and forever discharges PEDERSEN from any and all claims, demands, damages, suits, remedies, actions and causes of action, debts, sums of money, agreements, warranties, promises, defects, losses and expenses of any and every kind or character, whether known, unknown or suspected, whether direct or derivative, for or because of anything done or not done, omitted or suffered to be done by PEDERSEN, individually and/or collectively, concerning, relating to, arising out of, or in any manner related to related to the Parties' relationship and involvement with the COMPANY, from the beginning of the world through the date on which this Agreement is signed by the Parties.

6. The terms of this Agreement shall remain absolutely confidential and no party shall divulge or disclose the facts, circumstances, representations or negotiations underlying the Parties' dispute or the terms or conditions of this Agreement to any person, corporation, association, governmental agency or other entity except: (1) to the extent necessary to report to appropriate taxing authorities or any regulatory authority as required by law, (2) to the extent necessary to enforce such party's rights under this Agreement, or (3) to such party's attorneys, accountants or tax preparers. If asked by any individual or entity about the terms of this Agreement, each party may state only that "the matter was amicably resolved to the mutual satisfaction of all concerned".

7. The Parties specifically agree that any violation by any of them of the confidentiality requirements of Paragraph 6 of this Agreement shall constitute a material breach of this Agreement.

8. The Parties agree that nothing contained in this Agreement, and no action taken by the Parties with regard to this Agreement, shall be construed as an admission of liability by any of the Parties as to any matter but instead shall be viewed as a compromise of claims which have been expressly contested, disputed, and denied.

9. The Parties agree that this Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes any and all prior contemporaneous oral and written agreements and discussions. This Agreement may be amended only by an agreement in writing executed by all Parties.

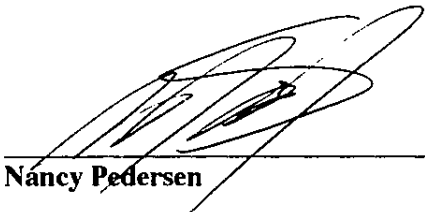
10. The Parties agree that this Agreement shall be interpreted, construed and enforced in accordance with Florida law. In any action brought to interpret or enforce this Agreement, the prevailing party or parties shall recover from the non-prevailing party or parties all attorneys' fees and costs incurred in preparing for and prosecuting said action.

11. The Parties hereby knowingly, voluntarily and intentionally waive any right they may have to a trial by jury with respect to any litigation based hereon, arising out of, under or in connection with this Agreement and any agreement, document or instrument executed in connection herewith, or any course of conduct, course of dealings, statements (whether oral or written) or actions of any party hereto. This provision waiving trial by jury is a material inducement for entering into this Agreement.

12. Each of the Parties shall bear its own attorneys' fees and costs incurred in connection with this Agreement, except as provided for in paragraph 10, above. Each of the Parties has been represented by its own independent legal counsel in connection with this Agreement. Each of the individuals signing on behalf of the Parties below represents that he/she has the full and complete authority to bind himself/herself or his/her respective corporate entity to the terms and conditions of this Agreement.

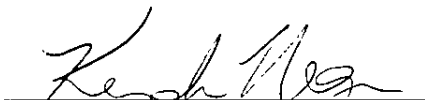
13. This Agreement may be executed by the Parties in counterparts and transmitted by facsimile or e-mail. A facsimile or e-mail copy of this Agreement and any signatures thereon shall be considered for all purposes as originals.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the day and year first above written.



Nancy Pedersen

9/20/14.
Date

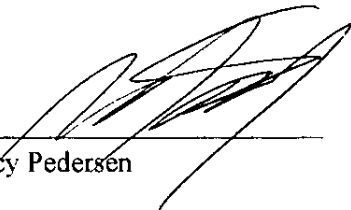


Kendra Negron, individually and
On behalf of Familiar Healthcare, LLC

9/20/14
Date

STATEMENT OF DISSOCIATION

BE IT HEREBY KNOWN BY ALL TO WHOM IT MAY CONCERN that NANCY PEDERSEN, by her attestation below and the filing of this Statement with the appropriate authority, declares and announces her DISSOCIATION from Familiar Healthcare LLC, a Florida Limited Liability Company, as of this 20 day of September 2014, and she further attests that Familiar Healthcare LLC has been timely notified of the same in writing.



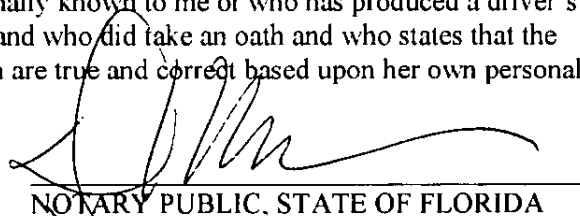
Nancy Pedersen

9/20/14

Date

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledge before me this 20 day of September 2014, by NANCY PEDERSEN who is either personally known to me or who has produced a driver's license OR passport OR photographic ID and who did take an oath and who states that the allegations and assertions contained herein are true and correct based upon her own personal knowledge.



NOTARY PUBLIC, STATE OF FLORIDA

Dayana Bisano

PRINTED NAME OF NOTARY PUBLIC

