

L14000 101 414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

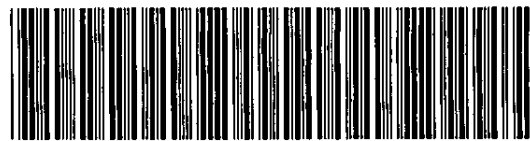
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
14 DEC 15 AM 11:58

DEC 22 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adult Ex Optional Care
(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:

Reginald Joseph
(Contact Person)

Adult Ex Optional Care
(Firm/Company)

6451 Borazo Dr. Apt. 3607
(Address)

Melbourne, FL 32940
(City/State and Zip Code)

For further information concerning this matter, please call:

Reginald Joseph at (321) 443-2695
(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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TALLAHASSEE, FLORIDA

14 DEC 15 AM 11:58

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: ADULT EXCEPTIONAL CARE LLC.

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

L 140 00101414

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/09/14

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

MBR
(Print Title)

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

x [Signature]
Signature of Dissociating Member or Resigning Manager

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