

L 14000136478

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(Address)

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T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSE ASSISTED LIVING FACILITY 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:

FRANSISE DEREZIL
(Contact Person)

ROSE ASSISTED LIVING FACILITY LLC
(Firm/Company)

256 SW MOSELLE AVE
(Address)

PORT ST. LUCIE FL 34984
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANSISE DEREZIL at (718) 838-4313
(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

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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: ROSE ASSISTED LIVING FACILITY LLC

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

L14000136478

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/12/2014

4. I, GARY DEREZIL, 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.

[Signature]
Signature of Dissociating Member or Resigning Manager

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