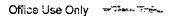
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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14 NOV 17 AM 11: 57

DEC -3 2014 T. CARTER

COVER LETTER

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Brandy Duggins (Contact Person)
illare Treatment Center
19821 HW 200 AVE STE 172
Wiani Condens Fl 33169

For further information concerning this matter, please call:

(City/State and Zip Code)

(Name of Contact Person) at (186) 252-2538 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\ \mathbb{\mathbb{K}}\$ \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Registration Section
Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 NOV 17 AM 11:57

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: 1 Kane Matment Center U.C.
2. The Florida document/registration number assigned to this limited liability company is:
L14000138512.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/21/20
4. 1, Unez, hereby withdraw/resign as a (Print Name of Person Resigning)
Manager. (Plint Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Jaw Rung
Signature of Dissociating Member or Resigning Manager
Filing Fcc: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)