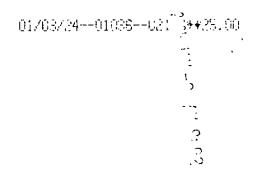
## L14000138512

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Lumis		

Office Use Only



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## **COVER LETTÉR**

TO: Registration Section Division of Corporations
SUBJECT: 1-Kare Treatment Center, LC (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:
Michole Gary (Contact Person)
j-Kare Treatment Center (Firm/Company)
1720 E. Tiffany Drice #101
Mango ma fark, FL 33407 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) +85-6216/561-331-845
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\Bigsquare \\$55 Filing Fee & Certified Copy

Street Address: Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314



## 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)

		ility company as it appears on the records o	•
of State is: 1	Kare	Treatment Center,	<u>uc</u>
	ument/registr 138512	ration number assigned to this limited liabil	ity company is:
3. The date this me	ember/manage	ger withdrew/resigned or will withdraw/resi	gn is: 10 1 2023
4. I, Jonath	M Gal	Resigning), hereby withdraw/resi	ign as a
CEO/PI	25 (l.n.) (Prini Title)	<del>-</del>	. 5
of this limited lia	bility compar	ny and affirm the limited liability company	has been notified of my
resignation in wr	iting.		•
touals	sa A		, :
Signature of D	issociating M	lember or Resigning Manager	ر. پ
Filmg Fee:	\$25.00 (R	•	
Certified Copy:	\$30.00 (C	Optional)	