

L15 0000 24836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

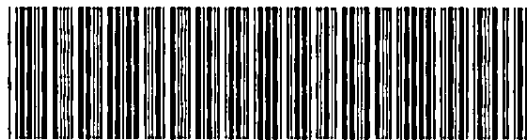
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prestige Care Services, 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:

Kerrie Thacker

(Contact Person)

Prestige Care Services

(Firm/Company)

2965 Bee Ridge Road, Suite A

(Address)

Sarasota, FL 34239

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Parisi

at (941) 822-1245

(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: Prestige Care Services

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

L15000024836

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/15/2020

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

Member/co-owner

(Print Title)

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

Kim Parisi 11/9/2020
Signature of Dissociating Member or Resigning Manager

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

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DEPT. OF STATE
TALLAHASSEE, FL