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COVER LETTER

Division of Corporations Gold Scal Child Care Management He SUBJECT: (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: Andrew Skurowitz (Contact Person) Gold Seal Child Care Management lic (Firm/Company) 4401 N Hills Dr. (Address) Hollywood FL 33021 (City/State and Zip Code) For further information concerning this matter, please call: Andrew Skurowitz 954 579-0613 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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)

	limited liability company as Seal Child Care Management IIc	it appears on the records of the	Florida I	Depar	tment
2. The Florida doci	ument/registration number as	ssigned to this limited liability co	mpany	is:	
3. The date this me 4. I. Gerald Turnauer	mber/manager withdrew/res	igned or will withdraw/resign is:, hereby withdraw/resign as	11/20/24	2021 DE	L
AMBR	ame of Person Resigning)			C -1; N	
	bility company and affirm th	e limited liability company has b	oeen not	<u> </u>	of my
Signature of Di	Turner ssociating Member or Resig	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				