

L16000005470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SALPETER GITKIN, LLP
ATTORNEYS AT LAW



One East Broward Boulevard -- Suite 1500 • Fort Lauderdale, FL 33301 P. 954.467.8622 F. 954.467.8623 www.salpetergitkin.com

January 18, 2018

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

Re: BHM Home Health, LLC
LLC Registration No: L16000005470

To whom it may concern:

Enclosed please find a properly executed Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company application, along with this firm check in the amount of \$25.00 representing the filing fee for same.

Should you have any questions, or require additional documentation, please feel free to contact the undersigned directly.

Very truly yours,

A handwritten signature in cursive script, reading 'Beth Kanaly', with a long horizontal flourish extending to the right.

Beth Kanaly, Paralegal for
Joseph H. Rose, Esq.

/bk
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BHM Home Health 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:

Joseph H. Rose
(Contact Person)

Salpeter Gitkin, LLP
(Firm/Company)

One E. Broward Blvd., 1500
(Address)

Port Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Rose at (954) 467-8622
(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



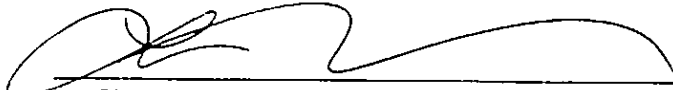
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: BHM Home Health, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000005470
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/8/17
4. I, Lori Manis, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member and Manager
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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