

L16 0000 0696f

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

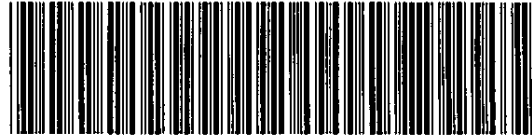
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000288193990

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 25 PM 2:47

07/26/16--01002--020 **25.00

JUL 26 2016
S. YOUNG

2016 JUL 25 PM 5:52
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM BLESSING HEALTH CARE 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:

RAMONA PEREZ KORBA

(Contact Person)

DREAM BLESSINGS HEALTH CARE LLC

(Firm/Company)

6299 WEST SUNRISE BLVD , SUITE 210

(Address)

SUNRISE/FL/33313

(City/State and Zip Code)

For further information concerning this matter, please call:

RAMONA PEREZ KORBA

(Name of Contact Person)

at 954 383-2775

(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 25 PM 2:47



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: DREAM BLESSINGS HEALTH CARE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000006968

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/26/2016

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

REGISTERED AGENT AND MGR
(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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 25 PM 2:47