

L16 000060052

(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



800355872218

12/07/20--01012--030 **25.00

JAN 23 2021
S. YOUNG

RECEIVED
2420 DEC -7 PM 1:12

10/21/20

To whom it may concern,

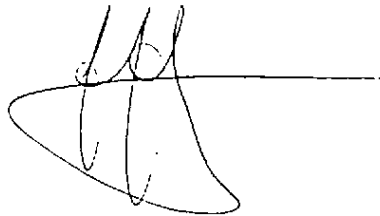
I have no knowledge of a company named Aiken's Christian Family Care Home LLC or a person named Winsome M. Aiken. The Sunbiz system has me registered as a AR which stands for Authorized Representative. I do not own or have anything to do with this business.

Thanks

Herna L Georges

386 469 9458

10/21/20

A handwritten signature in black ink, appearing to be 'Herna L Georges', written over a horizontal line.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aiken's Christian Family Home 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:

Herna L. Georges
(Contact Person)

(Firm/Company)

960 Cascades park trail
(Address)

Deland FL 32720
(City/State and Zip Code)

For further information concerning this matter, please call:

Herna L. Georges at (386) 969-9458
(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: Aiken's Christian Family Home Care LLC

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

L160000060052

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/4/2020

4. I, Herna L. Georges, hereby withdraw/resign as a

(Print Name of Person Resigning)

AR
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

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