

L16000140708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

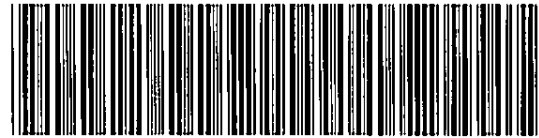
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 AUG 22 AM 11:49  
TALLAHASSEE, FLORIDA

AUG 24 2017

YOUNGER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2017

ANNASULA ARJUNE  
1200 N FEDERAL HWY STE 200  
BOCA RATON, FL 33432 US

SUBJECT: CARING HANDS HOME HEALTH, LLC  
Ref. Number: L16000140708

We have received your document for CARING HANDS HOME HEALTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 917A00013773

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARING HANDS 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:

ANNASUA ARJUNE  
(Contact Person)

CARING HANDS HOME HEALTH  
(Firm/Company)

3401 N. FEDERAL HWY. STE 208  
(Address)

BOCA RATON, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANNASUA ARJUNE at ( 561 ) 232-2999  
(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



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: CARING HANDS HOME HEALTH, LLC

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

L16000140708

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

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

MANAGING PARTNER  
(Print Title)

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

D. Dacus, ES

Signature of Dissociating Member or Resigning Manager

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