16000154601

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			- 100COD 97.03	
SUBJECT: RESTFUL MEADOWS ALF LLC (Name of Limited Liability Company)				
The enclosed member		nd fee(s) are submitted for filing.	9. 00	
Please return all corre	spondence concerning this ma	atter to:		
Patricia De Leon				
(Contact Person)				
	(Firm/Company)			
510 NW 159TH Lar	ne			
	(Address)			
PEMBROKE PINES, FL 33028				
(City/State and Zip Code)				
For further information	on concerning this matter, plea	se call:		
Patricia De Leon	at (154 770 - 1491		
(Name of Co	ontact Person) (Ar	ea Code & Daytime Telephone Number	·)	
Enclosed please find a \$25 Filing Fee	• •	lorida Department of State for: 5 Filing Fee & Certified Copy		
STREET/COURIER Registration Section Division of Corporati		MAILING ADDRESS: Registration Section Division of Corporations		

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

10 OC 20 PM 3: 03 DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	: limited liability company as STFUL MEADOWS ALF LI	it appears on the records of the Florida Department _C
2. The Florida doc L1600015460	•	ssigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I. Julio De Leon (Print Name of Person Resigning)		
MGR		
	(Print Title)	•
resignation in w		e limited liability company has been notified of my
Signature	resociating Wember of Realg	mig Manager
Filing Fee:		
Certified Copy:	\$30.00 (Optional)	