# 1600225463

(Req	uestor's Name)				
(Add	ress)				
(Add	ress)				
(City/State/Zip/Phone #)					
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S. WARREN 0CT 1 6 2017

#### **COVER LETTER**

SURJECT: Heart 2 Heart Home Health(are Lice (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:

JULIENTE JOSEPH

(Contact Person)

Heart 2 Heart Home Health Care Lice

(Firm/Company)

5539 NW LIGHT Way

(Address)

COCONUT Creek, FL 33013

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIENTE JOSEPH

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Elorida Department of State for:

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

\$55 Filing Fee & Certified Copy

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

CR2E079 (2/14)

□ \$25 Filing Fee

TO:

Registration Section
Division of Corporations



### 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)

	· · · · · ·	appears on the records of the Florid	da Depai	tmen	t
	nt/registration number assig 22540ろ	ned to this limited liability compar 	ny is:		
3. The date this member	er/manager withdrew/resign	ed or will withdraw/resign is:(	0/1/	<u>30</u> 1	17
4.1. Linda-F	Dayce Trul	_, hereby withdraw/resign as a			
Marcy	Title)				
of this limited liabilit resignation in writing		mited liability company has been r	notified (	of my	,
Signature of Disso	ciating Member or Resignin	g Manager			
•	\$25.00 (Required) \$30.00 (Optional)		SECRETARY	17 OCT 12	FIL