

L17 000068645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

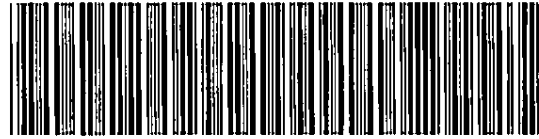
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/19--00016--013 **35.00

2019 MAY 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 29 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2019

DAVINA F. COOK
JOSIE'S HOUSE OF CARE, LLC
1506 QUEENSWAY RD
ORLANDO, FL 32808

SUBJECT: JOSIE'S HOUSE OF CARE, LLC
Ref. Number: L17000068645

We have received your document for JOSIE'S HOUSE OF CARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(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.

Stacy Prather
Regulatory Specialist III

Letter Number: 119A00009287

RECEIVED
MAY 23 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Josie's House of 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:

DAVINA COOK
(Contact Person)

Josie's House of Care, LLC
(Firm/Company)

1506 QUEENSWAY Rd.
(Address)

Orlando, FL 32808
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVINA COOK at (321) 331-4199
(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: Josie's House of Care, LLC

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

L 170000 68645

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

4. I, FABIAN F. COOK, JR., hereby withdraw/resign as a
(Print Name of Person Resigning)

Vice-President
(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)

2019 MAY 23 PM 2:01
SECRETARY OF STATE
JANet AMASSEY-MORRIS

FILED