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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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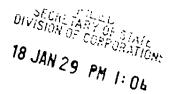
K. SALY JAN 3 0 2018

COVER LETTER

Division of Corporations		
Soflo Total Care LLC SUBJECT:		
	mited Liability C	ompany)
The enclosed member, resignation or dissoc	riation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to) :
Keith G Maier		
(Contact Person)		
Soflo Total Care LLC		
(Firm/Company)		
1454 sw 26th Ave		
(Address)		
Deerfield Beach, FL 33442		
(City/State and Zip Code)		
For further information concerning this mat	ter, please cal	1:
Keith G Maier	267 at (592-7506
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)





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)

	limited liability company as it appears on the records of the Florida Department Total Care LLC
	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4.1. <u>Keith</u> (Print N	majer
CF	Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Keith	Maeer
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)