L17000 169396

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only otates zips from my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500346070075

06/17/20--01005--001 **25.00

FILE FILE
2020 JUNE 17 PH 4: 10

Roismation

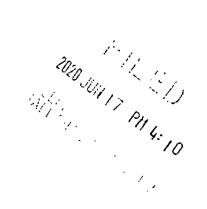
JUL 2.9 2020 I ALBRITTON

COVER LETTER

TO:	Regis	stration Section				
	Divis	sion of Corporations				
SUBJE	ECT:	Safe Care Group Home LLC				
		(Name of Limited Liability Company)				
The end	closec	I member, resignation or dis	ssociation and fee	e(s) are submitted for filing.		
Please	return	all correspondence concern	ning this matter to	o:		
Gilberto	Tirado)				
		(Contact Person)				
Safe Car	e Grou	ip Home LLC				
		(Firm/Company)		<u> </u>		
3751 Se	38th T	еттасе				
-		(Address)				
Ocala, Fl	l. 3448	0				
		(City/State and Zip Code)	<u></u>	<u> </u>		
For furt	her in	formation concerning this r	natter, please cal	1:		
Gilberto	Tirado		352	895-5951		
	(Na	ame of Contact Person)		le & Daytime Telephone Number)		
Enclose	d plea	ase find a check made payab	ole to the Florida	Department of State for:		
■ \$25 1	Filing	Fee		ng Fee & Certified Copy		
		g Address:		Street Address:		
Registration Section				Registration Section		
		on of Corporations Box 6327		Division of Corporations		
		assee, FL 32314		The Centre of Tallahassee		
•		WOOD IT		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		as it appears on the records of the Florida Department
	ument/registration number	assigned to this limited liability company is:
L17000169396		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
A I Rosaura Melend	ех	hereby withdraw/recian as a
(Print N	Same of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
loxuu	a MUONA issociating Member of Res	
Signature of D	issociating Member of Res	igning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	