

L17000 169396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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

FILED  
2020 JUN 17 PM 4:10  
ALBRITTON

Resignation

JUL 29 2020  
ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Safe Care Group Home 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:

Gilberto Tirado

\_\_\_\_\_  
(Contact Person)

Safe Care Group Home LLC

\_\_\_\_\_  
(Firm/Company)

3751 Se 38th Terrace

\_\_\_\_\_  
(Address)

Ocala, FL 34480

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gilberto Tirado

352 895-5951  
at ( )

\_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2020 JUN 17 PM 4:10  
TALLAHASSEE, FL

**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: Safe Care Group Home LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000169396

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/1/2020

4. I, Rosaura Melendez, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Rosaura Melendez  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)