

L18000031787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

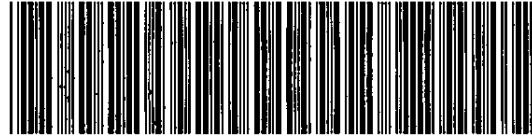
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

3/23

Office Use Only



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03/23/18-01014--012 \*\*25.00

FILED

2018 MAR 23 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN

MAR 29 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bight Direction Healthcare Services, 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:

Shameeka Kimbrough Correct Name (Shameeka King)  
(Contact Person)

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

P.O. Box 6823  
(Address)

Tallahassee, FL 32314  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shameeka King at (321) 438-0585  
(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



FILED

2018 MAR 23 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Right Direction Healthcare Services, LLC

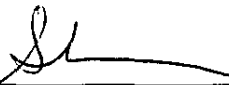
2. The Florida document/registration number assigned to this limited liability company is:

L18000031787

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/5/18

4. I, Shemeka Kimbrough, hereby withdraw/resign as a  
(Print Name of Person Resigning) MC-R  
(Print Title)  
*Correct name Shamecka King*  
*Registered agent did not have permission to add name to company. Registered Spell name Completely Wrong.*

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

 Signing as Shamecka King  
Signature of Dissociating Member or Resigning Manager

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