

L18 000098556

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

06  
4/6/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Omega Health 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:

Agnes Saint Preux  
(Contact Person)

Omega Health Services LLC/Omega Care Services  
(Firm/Company)

5921 Washington St. #120  
(Address)

Hollywood FL, 33023  
(City/State and Zip Code)

For further information concerning this matter, please call:

Agnes Saint Preux at (786) 304-8483  
(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: Omega Health Services, LLC

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

L18000098556

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/9/19

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

M.O. manager  
(Print Title)

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

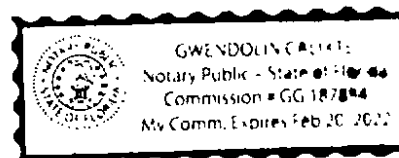
[Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

FILED  
19 MAR 27 PM 2:58  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



Gwendolyn A. 1411

**NOTICE OF WITHDRAWAL FROM PARTNERSHIP**

State of Florida

ATTN: Partners of Omega Health Services, LLC., dba Omega Care Services

**MIRLINE OMEGA (RICHARD)** (the "Withdrawing Partner") is of the following address:

7650 Live Oak Drive, Coral Springs, FL 33065

**HARBY OMEGA** (the "Withdrawing Partner") is of the following address:

8224 NW 1st Place, Miami, FL 33150

The Withdrawing Partner(s) is a Partner in the Partnership of Omega Health Services, LLC., dba Omega Care Services (the "Partnership"), formed in accordance with the provisions of a written Partnership Agreement dated April 19, 2018 for the following purpose:

Home Health Services

**MIRLINE OMEGA (RICHARD)** desires to voluntarily withdraw from the Partnership.

**HARBY OMEGA** desires to voluntarily withdraw from the Partnership.

The Withdrawing Partner will be leaving the Partnership on the following date: 3/9/19 or until what is listed on CLAUSES is met.

The Partners remaining in the Partnership are as follows:

1. **AGNES ST. PREUX**, located at the following address:

5921 Washington Street, Hollywood, FL 33023

**CLAUSES:**

1. **MIRLINE OMEGA (RICHARD)** is name is to be removed on all CONTRACTS, INSURANCE INFORMATION OR ALL RELATED DOCUMENTS of Omega Health Services, LLC., dba Omega Care Services and to not be listed as Registered Nurse (RN) of said business.
2. Omega Health Services, LLC., dba Omega Care Services operating address: 7130 West McNab Road, Tamarac, FL 33321, is to not be associated with said business and a new location for operation is to be changed and determined by **AGNES ST. PREUX**.

The Partnership Agreement provides that the exclusive jurisdiction for the enforcement of this matter is the courts of State of Florida.

MIRLINE OMEGA (RICHARD)

Signature: Mirline Omega  
Date: 3/9/19 M.D. 3/9/19

HARBY OMEGA

Signature: [Signature]  
Date: 3/9/19

AGNES ST. PREUX

Signature: [Signature]  
Date: 3/9/19

WITNESS NOTARY

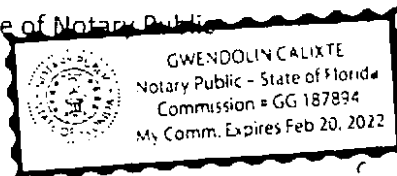
STATE OF FLORIDA COUNTY OF Broward

The foregoing instrument was acknowledged before me this 9th day of 2019, by Mirline Omega(Richard), Harby Omega, Agnes St. Preux, on behalf of Omega Health Services, LLC., dba Omega Care Services, a partnership.

[Signature] (Seal) Signature of Notary Public

Print, Type/Stamp Name of Notary

Personally known: \_\_\_\_\_



OR Produced Identification: DL Type of Identification Produced: Driver's License