

L18000118136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

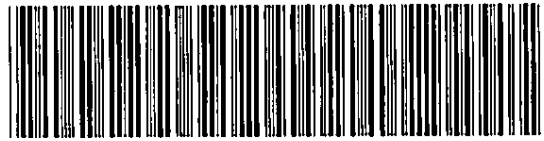
(Business Entity Name)

(Document Number)

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

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11/21/19--01031--001 \*\*35.00

11/21/19  
RECEIVED BY STAFF  
DIVISION OF CORPORATION  
19 NOV 21 AM 10:10

DEC 19 2019  
C. MCNAIR

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Royalty Care, 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:

Joshua Orlinsky

(Contact Person)

Equiturn Business Solutions

(Firm/Company)

3325 S. University Drive Ste 200

(Address)

Davie, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua Orlinsky

(Name of Contact Person)

at (954) 296-6056

(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

19 NOV 21 AM 10:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

19 NOV 21 AM 10:10  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**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: Royalty Care, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000118136

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/18/19

4. I, Howard A. Freidman, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Member

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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