

W18000 118136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

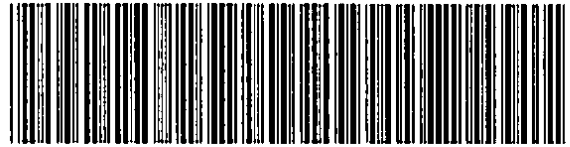
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

0011016

JAN 07 2022

## 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:

Berioska Sosa

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

Royalty Care, LLC

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

823 S University dr, unit A

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

Plantation, FL, 33324

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

For further information concerning this matter, please call:

Berioska Sosa

954

471-4924

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

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SECRETARY OF STATE  
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: 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: 10/5/2021
4. I, Mirosis Gonzalez, 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.

Miss Harzler

Signature of Dissociating Member or Resigning Manager

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