

118000250289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

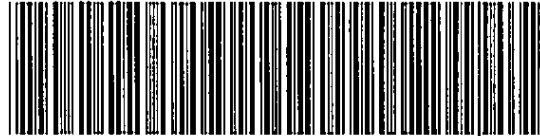
(Document Number)

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

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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12/26/18--01052--011 \*\$5.00

18-JAN-25 4:11:35

FILED  
JAN 25 2019  
CLERK

Dissociation  
of  
member

JAN 31 2019

D CUSHING

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Sober House Delray LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L18000250889

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerald W. Clarke

(Name of Person)

Clarco Group P.A.

(Name of Firm/Company)

7873 Venture Center Way #7107

(Address)

Boynton Beach, FL 33437

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Clarke

(Name of Person)

at ( 561 ) 907-1605

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

19 JUN 24 140735

STATE  
DIVISION OF  
CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2019

GERALD W. CLARKE  
CLARCO GROUP P.A.  
7873 VENTURE CENTER WAY #7107  
BOYNTON BEACH, FL 33437

SUBJECT: THE SOBER HOUSE DELRAY LLC  
Ref. Number: L18000250889

We have received your document for THE SOBER HOUSE DELRAY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 219A00000916

RECEIVED  
2019 JAN 25 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FL



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: The Sober House Delray LLC


2. The Florida document/registration number assigned to this limited liability company is:  
L18000250889

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/28/18

4. I, Gerald Clarke, 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.

  
Signature of Dissociating Member or Resigning Manager

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

19 JAN 29 AM 11:35

RECEIVED  
DIVISION OF CORPORATIONS