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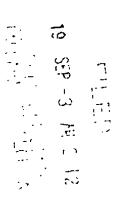
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COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations ACCURATE IN HOME CARE LLC SUBJECT: (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: SANDRA TORRENCE (Contact Person) CONFIDENTIAL TAX SERVICE LLC (Firm/Company) P O BOX 2280 (Address) NEW SMYRNA BEACH, FL 32170 (City/State and Zip Code) For further information concerning this matter, please call: SANDRA TORRENCE 423-7771 386 at (____ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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)

	e limited liability company as it appears on the records of CURATE IN HOME CARE LLC	
2. The Florida doc L1900002406	ument/registration number assigned to this limited liabi	lity company is:
3. The date this me	: :mber/manager withdrew/resigned or will withdraw/res	09/01/2019
4. I. <u></u>	SOE, hereby withdraw/res	
(Print)	same of Person Resigning)	
MGR		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company iting.	has been notified of my
iumu S		- <u> </u>
Signature of Dissociating Member or Resigning Manager		÷ 😤
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•	\$25.00 (Required) \$30.00 (Optional)	· · · · · · · · · · · · · · · · · · ·
conned copy.	5.77.00 (Optional)	