L19000137077

(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:						

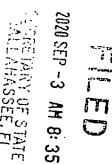
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Ja 10/15/20

COVER LETTER

то:		stration Section sion of Corporations			
SUBJI	ECT:	Ohana Home HealthCare, LLC			
	(Name of Limited Liability Company)				
The en	nelosed	I member, resignation or diss	ociation and fee((s) are submitted for filing.	
Please	return	all correspondence concerni	ng this matter to	:	
Sophia	Rekbla	ıt			
		(Contact Person)		_	
Ohana I	Home F	HealthCare, LLC			
		(Firm/Company)		_	
17301 1	Biscayn	e Blvd Suite 801			
		(Address)		_	
North N	Miami E	Beach FL, 33160			
		(City/State and Zip Code)		_	
For fur	rther is	nformation concerning this m	atter, please call	:	
Sophia	Rekblat	tt	917 at (405-4012)	
	(N	ame of Contact Person)		e & Daytime Telephone Number)	
	_	ase find a check made payabl		<u>-</u>	
■ \$25	5 Filing	g Fee	□ \$55 Filin	ig Fee & Certified Copy	
		ng Address:		Street Address:	
	_	stration Section ion of Corporations		Registration Section	
		Box 6327		Division of Corporations The Centre of Tallahassee	
		hassee, FL 32314		2415 N. Monroe Street, Suite 81	
				Tallahassee, FL 32303	



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)

	limited liability company as	s it appears on the records of	the Florida Department
2. The Florida docu L19000137077	ment/registration number a	ssigned to this limited fiabili	ity company is:
3. The date this men	nber/manager withdrew/res	signed or will withdraw/resig	09/02/2020 gn is:
Goorge Raldan		, hereby withdraw/resig	
MGR	ame of t erson resigning)		
of this limited liab resignation in wri	ssociating Member or Resig	ne limited liability company	has been notified of my 2020 SEP -3 AM 8: **CRETARY OF STATION O