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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Angels of America Group Home 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:				
Saily Vazguez (Contact Person)				
Angels of America Group Home LCC (Firm/Company)				
1350 SE 3RD TERRACE (Address)				
DEERfield Beach FL 3344/ (City/State and Zip Code)				
For further information concerning this matter, please call:				
Caily Vazguez at (786) 398-2977 (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				

STREET/COURIER ADDRESS:
Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

P.O. Box 6327 Tallahassee, Florida 32314

MAILING ADDRESS:

Registration Section
Division of Corporations

CR2E079 (2/14)



## 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: And	gels of America Grap Hon	ne LCC.
2. The Florida docu	iment/registration number assigned to this lim	nited liability company is:
490001	67107	
3. The date this me	mber/manager withdrew/resigned or will with	i i
4. I, KASSIM (Print N	1 HONANDEZ, hereby wit	hdraw/resign as a
MAN	Print Title)	
of this limited lial resignation in wri	pility company and affirm the limited liability iting.	company has been notified of my
Signature of Oi	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	