119000254507

stor's Name)
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ate/Zip/Phone #)
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WAIT MAIL
ss Entity Name)
ent Number)
Certificates of Status
g Officer:
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COVER LETTER

TO:		tration Section on of Corporations
SUBJ	ECT:	Ver to Life Homemaken & Campanian Services, U (Name of Limited Liability Company)
The en	closed	member, resignation or dissociation and fee(s) are submitted for filing.
Please	return	all correspondence concerning this matter to:
Da	كالمكند	(Contact Person)
Yest	ro U	ife Homenaken + Companion Scarices, LLC (Firm Company)
_ [[374	Emma Oaks LN (Address)
_5	مصد	(City-State and Zip Code)
For fu	rther inf	formation concerning this matter, please call:
Da	nicle (Na	at (407) 221-2310 (Area Code & Daytime Telephone Number)
,	ed plea Filing	se find a check made payable to the Florida Department of State for: Fee S55 Filing Fee & Certified Copy
	Regist Division P.O. B	Address: tration Section on of Corporations Box 6327 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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 o	f the limited liability company as it appears on the records of the Florida Department
of State is:	YES TO LIFE HOMEMAKER & COMPANION SERVICES, LLC
2. The Florida	document/registration number assigned to this limited liability company is:
<u>L1900</u>	00254507
3. The date thi	s member/manager withdrew/resigned or will withdraw/resign is: 1 24 2020
4. 1, <u>(α΄</u> <u>α΄</u> <u>(</u> P	ste has hereby withdraw/resign as a rint Name of Person Resigning)
_ Title	(Print Title)
of this limite resignation i	d liability company and affirm the limited liability company has been notified of my writing.
- Kre	of Dissociating Member or Resigning Manager
Signature`	of Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy	\$30.00 (Optional)

CR2E079 (2/14)