

L20 000069276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

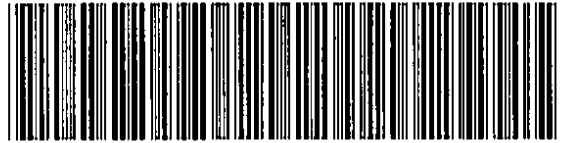
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APR - 5 2022

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2022 MAR 21 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blended Family Restorative Home Care  
(Name of Limited Liability Company) Services LLC

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shanita Howard  
(Contact Person)

Blended Family Restorative Home Care Services  
(Firm/Company) LLC  
1880 15<sup>th</sup> Court N.W.  
(Address)

Winter Haven, FL 33881  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shanita Howard at (863) 934-3814  
(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

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
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)

FILED  
2022 MAR 21 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Blended Family Restorative & Home Care Services LLC
2. The Florida document/registration number assigned to this limited liability company is: 8200000069276
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/15/22
4. I, Shanita Howard, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
CO-OWNER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Shanita Howard  
Signature of Dissociating Member or Resigning Manager

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