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COVER LETTER

	•			TAXAD
TO: Regis	stration Section			
	sion of Corporations			(1/20/22 CHECK#100
SUBJECT:	BioCare Technologies, LLC			
SOBOLOT.	(Name o	f Limited Liability Co	ompany)	
The enclosed	d member, resignation or di	ssociation and fee((s) are submitted for filing.	
Please return	all correspondence concer	ning this matter to	:	
Liliana Marsel	la Gonzalez			
	(Contact Person)			
BioCare Techr	nologies, LLC			
	(Firm/Company)		_	
540 CHristina	Drive Suite # 204			
	(Address)		_	
Royal Palm Be	each, FL 33414			
	(City/State and Zip Code)		_	
For further i	nformation concerning this	matter, please call	:	
Liliana Marsel	lla Gonzalez	.561 at (727-9687	
(1)	Name of Contact Person)	 ~ 	le & Daytime Telephone Nun	iber)
Enclosed ple	ease find a check made paya			
■ \$25 Filin	ig Fee	□ \$55 Filir	ng Fee & Certified Copy	
<u>Maili</u>	ing Address:		Street Address:	
_	stration Section		Registration Section	
	sion of Corporations		Division of Corporations	
P.O.	Box 6327		The Centre of Tallahasse	e

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 a	s it appears on the records of the Florida Department
of State is: BioCa	are Technologies, LLC	·
2. The Florida doct	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is: February 1st 2022
4. 1, Paula Serrano (Print N	lame of Person Resigning)	, hereby withdraw/resign as a
AMBR	, ,,	
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
PALLA S	errando	
Signature of D	issociating Member or Resig	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	
Cumula Copy.	www.coman)	