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## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJ	ECT:R		Mecare Limited Liability						
		(Name of	Emuled Liabing	у Сопфану)					
The e	nclosed member, resign	nation or dis	sociation and	fee(s) are submitted for filing.					
Please	e return all corresponde	nce concern	ing this matte	r to:					
RV	nea Templo (Contact								
	(Contact	Person)		<del></del>					
	12ST Homecare	LLC							
	(Firm/Co	ompany)	<del></del>	<del></del>					
42	50 148rd No	e N							
(	Clearwater 1	7,33	3760						
		nd Zip Code)							
For fu	orther information conc	erning this r	matter, please	call:					
<u> </u>	Rhea S. Temp	ilo	at (_26	(Code & Daytime Telephone Number)					
	(Name of Contact P	erson)	(Area (	Code & Daytime Telephone Number)					
		made payat		da Department of State for:					
<b>5</b> 2 <b>5</b> 2 <b>.</b>	5 Filing Fee		□ \$55 F	Filing Fee & Certified Copy					
	Mailing Address: Registration Section			Street Address: Registration Section					
	Division of Corporati	ons		Division of Corporations					
	P.O. Box 6327			The Centre of Tallahassee					
	Tallahassee, FL 3231	4		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

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				ne records of	the Florida	ı Departr	nent
of State is:	RST	Homecare	<u>LLC</u>				<del></del> -
2. The Florida doc	cument/registration	on number assigne	ed to this li	imited liabili	ty company	is:	
Lao	000200179	ı					
3. The date this me	ember/manager w	vithdrew/resigned				<u> 915,</u>	<u> </u>
4. I. Marivic	Spauldin	74	. hereby w	ithdraw/resis	מ מג מינ	<del></del>	
(Print ?	Name of Person Resig	gning)	,,		o'' 40 4		
Mar	nager						
	(Print Title)	·					
of this limited lia resignation in w	bility company ar	nd affirm the limi	ited liabilit	ty company l	nas been no	tified of	my
Signature of D	issociating Memb	er or Resigning I	Manager	<del></del>			
,						ALLAJAUSEET FLO	2022 AUG 18 1
Filing Fee:	\$25.00 (Requi	iired)					- -
Certified Copy:						がた。 ( ())	<u> </u>
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						크라	Ari