

L20000286233

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

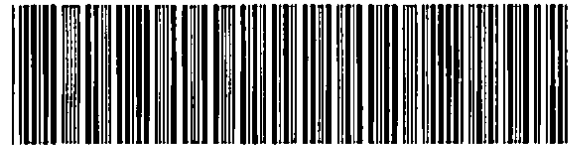
\_\_\_\_\_  
(Document Number)

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Certificates of Status \_\_\_\_\_

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2021 JUN 10 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLCARE HOME HEALTH 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:

DAYANA MORENO

\_\_\_\_\_  
(Contact Person)

ALLCARE HOME HEALTH LLC

\_\_\_\_\_  
(Firm/Company)

2200 COMMERCE PARKWAY SUITE 200

\_\_\_\_\_  
(Address)

WESTON, FL 33326

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAYANA MORENO

\_\_\_\_\_  
(Name of Contact Person)

at ( 305 ) 733-2015

\_\_\_\_\_  
(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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ALLCARE HOME HEALTH LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000286233

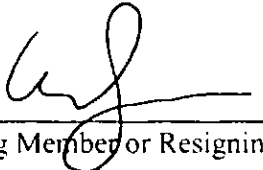
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2021

4. I, GISELLE OCHOA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

VP, Manager, Chairman

*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2021 JUN 10 PM 4:14  
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TALLAHASSEE, FL