## L21000034024

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(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Business Entity Name)		
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Certified Copies	Certificates	of Statue
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Special Instructions to Filing Officer:		
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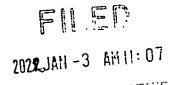
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## **COVER LETTER**

TO: Registration Section Division of Corporations Carefree Retirement LLC SUBJECT: (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: Nhuy Vo (Contact Person) Carefree Retirement LLC (Firm/Company) 2400 N Croft Ave (Address) Hernando FL 34442 (City/State and Zip Code) For further information concerning this matter, please call: Nhuy Vo 727 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu L21000034024	ument/registration number as	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:
<b>311 37</b>		, hereby withdraw/resign as a
Mgr		
	(Print Title)	
of this limited lial resignation in wri	• •	e limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
_	\$25.00 (Required) \$30.00 (Optional)	