

LZ1 000034740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

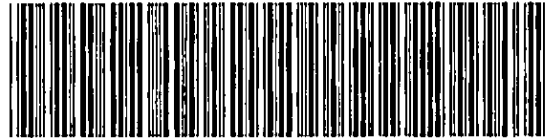
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAY 19 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2021

ASHLYN MELLO
3315 BERMUDA ISLE CIR
APT 133
NAPLES, FL 34109

SUBJECT: HOME CARE FLORIDA LLC
Ref. Number: L21000034740

We have received your document for HOME CARE FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

PLEASE COMPLETE ENCLOSED FROM TO REMOVE MEMBER/MANGER
FROM ENTITY

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 221A00008730

2021 MAY - 7 PM 12:38

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Care Florida 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:

Ashlyn Mello
(Contact Person)

Home Care Florida
(Firm/Company)

3315 Bermuda Isle Cir Apt 133
(Address)

Naples, FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Ashlyn Mello at (239) 370-8174
(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

**Already Paid \$25 check processed 3/9/21*

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



2021 MAY -7 PM 5:03

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: HOME CAVE FLORIDA LLC

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

L210000034740

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/28/21

4. I, TYLER SALVIOLLO, hereby withdraw/resign as a
(Print Name of Person Resigning)

Title AP / Authorized Person
(Print Title)

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

Tyler Salvio10

Signature of Dissociating Member or Resigning Manager

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