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Registration Section **Division of Corporations** L & G ASSISTED LIVING, 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: Luis Caballero (Contact Person) L & G ASSISTED LIVING, LLC (Firm Company) 13341 SW 272 Lane (Address) Homestead FL 33032 (City State and Zip Code) For further information concerning this matter, please call: LUis Caballero (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 32303

Tallahassee, FL 32314

TO:



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)

	limited liability company as it a	
	ament/registration number assign	
4. 1. Yunelin Cabrera	mber/manager withdrew/resigne	
	(Print Title)	
resignation in wr	bility company and affirm the liniting. ssociating Member or Resigning	y has been notified of my State of my
	\$25.00 (Required) \$30.00 (Optional)	· · · · · · · · · · · · · · · · · · ·