LZ1 000 244 332

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(,,						
(Document Number)						
(Document Number)						
Cartification of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



000367660200

06/14/21--01017--002 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	Secura care LLC		
	(Name of	Limited Liability Co	ompany)
The e	nclosed member, resignation or diss	sociation and fee	(s) are submitted for filing.
Pleas	e return all correspondence concern	ing this matter to	:
Kevin	Lugo		
	(Contact Person)		
Secura	a care LLC		
	(Firm/Company)		
3151 S	5 Dixie HWY		
	(Address)		
WPB I	FL 33405		
	(City/State and Zip Code)	 	_
For fu	orther information concerning this m	natter, please call	:
Kevin	Lugo	781 at (277 1056
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclo	sed please find a check made payab	le to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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	e limited liability company as it	appears on the records	of the Florida	. Department
of State is:	ra Care LLC	_		·
2. The Florida doc	ument/registration number assi	gned to this limited liab	ility company	y is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/res	sign is:	1
4. I, Anthony Pascare	zila Name of Person Resigning)	, hereby withdraw/resign as a		
Manager				
	(Print Title)			
	bility company and affirm the	limited liability compan	y has been no	otified of my
resignation in wi	riting.		1:1 1:	2021 JUI: 14
Signature of D	issociating Member or Resigni	ng Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		edia :	1 2: 26