

L21000353740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

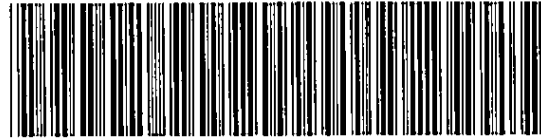
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/12/21--01029--012 \$425.00

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SECRETARY OF STATE
TALLAHASSEE, FL

Association
of member

NOV 09 2021

D. CUSUMANO

10/07/2021

PLEASE ALSO CHANGE THE ADDRESS TO

8401 LAKE WORTH RD STE 203

LAKE WORTH FL 33467

Cliff Goble

Cliff Goble

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SECRETARY OF
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AI CARE SOLUTIONS 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:

CLIFF GOLOB

(Contact Person)

AI CARE SOLUTIONS LLC

(Firm/Company)

8401 LAKE WORTH RD STE 203

(Address)

LAKE WORTH FL 332467

(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFF GOLOB

561 2528581

at ()

(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

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

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SECRETARY OF STATE
TALLAHASSEE, FL



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: AI CARE SOLUTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000353740

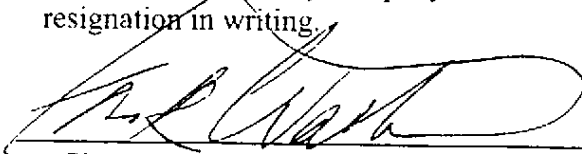
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2021

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

MGR

(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)

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SECRETARY OF STATE
TALLAHASSEE, FL