

K21 000366642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

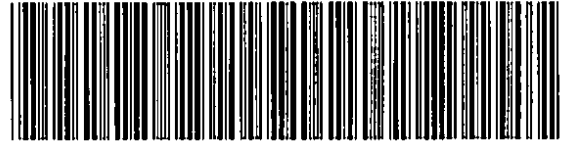
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRIVATE CARE SPECIALISTS, 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:

ROBERT HENRY

(Contact Person)

PRIVATE CARE SPECIALISTS, LLC

(Firm/Company)

4117 FLORAL DR

(Address)

BOYNTON, FL 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

LORI HENRY

(Name of Contact Person)

at ( 561 ) 350 8032

(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



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: PRIVATE CARE SPECIALISTS, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L 2100036642
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/17/21
4. I, MARC DOMB, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MEMBER  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

2021 AUG 23 PM 3:46  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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