121000468493

(Requestor's Name)		
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2021 NOV 19 AM 7: 18 SECRETARY OF STATE

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COVER LETTER

Registration Section **Division of Corporations** DIVERSE CARE NOW 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: Laura Uchoa (Contact Person) Diverse Care Now (Firm/Company) 1121 S MILITARY TRAIL #181 (Address) DEERFIELD BEACH, FL 33442 (City/State and Zip Code) For further information concerning this matter, please call: Laura Uchoa 786 (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: 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

TO:



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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)

	e limited liability company as it app	ears on the records of the Florida Department
2. The Florida doc	ument/registration number assigned	I to this limited liability company is:
L21000468493		
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is:
4. I,		hereby withdraw/resign as a
(Print)	Name of Person Resigning)	moreo y william resign us u
AMBR		
	(Print Title)	
of this limited lia	• •	ed liability company has been notified of my
	5	
Signature of D	issociating Member or Resigning N	1anager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	