

L22000 253501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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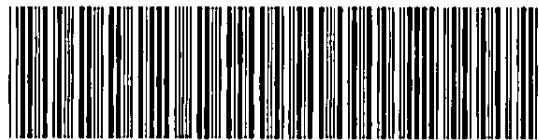
(Business Entity Name)

(Document Number)

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STATE

Association

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D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amare Health, 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:

Rodney Dusinberre, Esq.

(Contact Person)

Dusinberre, PLLC

(Firm/Company)

105 East Palmetto Park Road, Suite A

(Address)

Boca Raton, Florida 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Rodney Dusinberre

at (561) 827-2291

(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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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2024

RODNEY DUSINBERRE, ESQ.  
DUSINBERRE, PLLC  
105 EAST PALMETTO PARK ROAD, SUITE A  
BOCA RATON, FL 33432

SUBJECT: AMARE HEALTH, LLC  
Ref. Number: L22000253501

We have received your document for AMARE HEALTH, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

 Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

5/21

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 524A00008278

rec 5-28



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: Amare Health, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000253501

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 5, 2023

4. I, Mihir Patel, 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 of Dissociating Member or Resigning Manager

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

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2024 MAY 28 AM 11:26  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA