

L22000270331

\_\_\_\_\_  
(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



300397273643

11/14/22--01021--017 \*\*25

2022 11 14 AM 11:55  
STATE  
OFFICE, FL  
L.L.U.

# COVER LETTER ,

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIOCARE LABORATORIES 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:

CARLOS MIGUEL GUTIERREZ

(Contact Person)

BIOCARE LABORATORIES LLC

(Firm/Company)

16255 SW 56 TERRACE

(Address)

MIAMI, FL, 33193

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS MIGUEL GUTIERREZ

(Name of Contact Person)

at ( 786 ) 2536784  
(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: BIOCARE LABORATORIES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000270335

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUN/20/2022

4. I, MARCO DIAZ, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

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

MARCO DIAZ

Signature of Dissociating Member or Resigning Manager

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

2022 NOV 14 AM 11:55  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL

FILED