

L24000259 104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

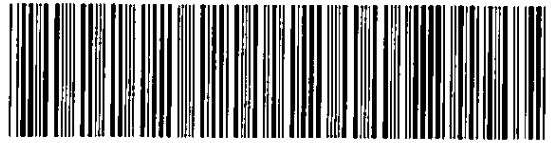
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 20 2024

Office Use Only



600434524366

06/03/24--01016--019 **25.00

FILED
2024 AUG -9 PM 4:21
CLERK OF STATE
TAMPA, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 AUG -9 PM 4:21
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: BEHAVIORAL CARE CENTER OF FLORIDA LLCL

2. The Florida document/registration number assigned to this limited liability company is:
L24000259104


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/05/2024

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

AMBR

(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)