# 124000307485

(Re	equestor's Name)	
(116	questors Marrier	
(Āc	ldress)	<u> </u>
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	#)
(81	isiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	4



12/16/24-01027--018 \*\*55.00

'JAN 3 1 **S. PRATHER** 



### TO: **Registration Section Division of Corporations**

SUBJECT: Cared FOR Heatth 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:

Ibis M. Nocla (Contact Person)

(Firm/Company)

1358 SW 11 Sheet (Address)

Manu, FL 331+5 (City/State and Zip Code)

For further information concerning this matter, please call:

This M Nuclu (Name of Contact Person) at (<u>305</u>)<u>450-4340</u> (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee S55 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

CR2E079 (2/14)



## 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: Careed For Health LLC

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

LZ4000307485

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: Ortober 1, 2024
- 4. 1, <u>Ibis M N ccla</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

HANACER (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: Certified Copy: \$25.00 (Required) \$30.00 (Optional) 2024 DEC 16 Fil 6:5