M11000001280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JAN 9 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2018

DMYTRO ARSHYNOV
485 MADISON AVE
NEW YORK, NY 10022

SUBJECT: CARE TO CARE, LLC
Ref. Number: M11000001280

We have received your document for CARE TO CARE, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 518A00009178

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Care to Care, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M11000001280

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dmytro Arshynov
Name of Person

Care to Care, LLC
Name of Firm/Company

485 Madison Avenue, Ste. 202
Address

New York, NY 10022
City/State and Zip Code

jkaplan@caretocare.com
E-mail address: (to be used for future annual report notification)

2018 DEC 26 PM 3:21

For further information concerning this matter, please call:

Dmytro Arshynov at (212) 931-9090 x127
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

InCorp Services, Inc. , hereby resigns as

Name of Registered Agent

Registered Agent for Care to Care, LLC

Name of Limited Liability Company

M11000001280

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Desiree Young for InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

FILING FEES:

$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)