Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

LLC DISSOLUTION OR WITHDRAWAL **CARING STAFF LLC**

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CARING ST	AFF LLC			
	(Name of limited liability company)			
New Jersey				
	(Jurisdiction of its organization)			
March 18, 20	21			
	(Date registered with Florida Department of State)			
M210000031	32			
	(Florida Document Number)			
This limited	I liability company is withdrawing its certificate of authority in the	ns state.		
Effective D	ate, if other than the date of filing:	(optional)		
Note: If the this date wi	date inserted in this block does not meet the applicable statutory ll not be listed as the document's effective date on the Department with the behavior	of State's records.		
	U			
	(Signature of authorized representative)			
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