

L07000113566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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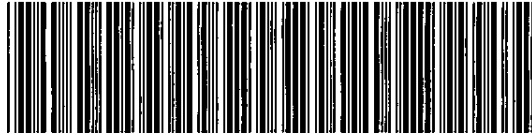
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 13 AM 11:08

FILED

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3/17/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HERITAGE BUILDING MAINTENANCE, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L07000113566

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:

MARGARET MCGUFFIE
(Name of Person)

HERITAGE BUILDING MAINTENANCE, LLC
(Name of Firm/Company)

1017 DEES DR
(Address)

OVIEDO, FL 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARET MCGUFFIE at (407) 284-7813
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED
2008 MAR 13 AM 11:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

MARGARET MCGUFFIE
(Name of Registered Agent)

, hereby resigns as

Registered Agent for HERITAGE BUILDING MAINTENANCE, LLC

(Name of Limited Liability Company)

L07000113566

(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.

Margaret McGuffie
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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