

L141000027091

(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:

Office Use Only



100271732271

04/16/15--01009--014 \*\*25.00

FILED  
15 APR 16 PM 1:28  
SOUTH DAKOTA  
FALL RIVER, FLORIDA

LC  
Diss. mbergr

APR 29 2015

R. WHITE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TheraKey, 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:

Kathryn Dorendorf Casanova  
(Contact Person)

TheraKey, LLC  
(Firm/Company)

28016 Veronia Dr Apt 302  
(Address)

Palm Beach Gardens, FL 33410  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn Dorendorf Casanova (Name of Contact Person) (561) 320-1841 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FILED  
15 APR 16 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Thera Key, LLC

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

L14000027091

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/12/15

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

Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Mary Dorendorf  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

15 APR 16 PM 1:28

RECEIVED  
TALLAHASSEE, FLORIDA

**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: ThevaKey, LLC

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

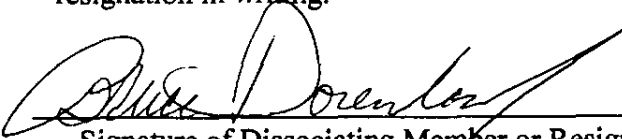
L14000027091

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/12/15

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

Manager  
(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)