114000/32925

(Requestor's Name)				
(Address)				
				(City/State/Zip/Phone #)
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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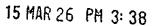
MAR 31 2015 T. CARTER

COVER LETTER

_	stration Section			
Divis	sion of Corporations			
SUBJECT:				
	(Name of Lin	nited Liability Cor	npany)	
The enclose	d member, resignation or dissoci	iation and fee(s	s) are submitted for filing.	
Please return	n all correspondence concerning	this matter to:		
Margaret F	Poetz			
	(Contact Person)		_	
Healthy Ho	ome Healthy You By Maggie,	LLC		
	(Firm/Company)			
6158 River	walk Lane, Apt 8			
	(Address)		_	
Jupiter, FL	33458			
	(City/State and Zip Code)		_	
For further i	nformation concerning this matt	er, please call:		
Jeffrey Pe	oin, Esq.	561 _ at (801-0060	
(1)	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy	
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration	Section Corporations		Registration Section Division of Corporations	
Clifton Build	•		P.O. Box 6327	
	tive Center Circle		Tallahassee, Florida 32314	
Tallahassee,	Florida 32301		-	

CR2E079 (2/14)

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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)

	limited liability company as thy Home Healthy You B	s it appears on the records of the Florida Department y Maggie, LLC
2. The Florida docu L1400013292	-	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
		, hereby withdraw/resign as a
Member/Secr		
	(Print Title)	
resignation in wr		he limited liability company has been notified of my gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	