L19001980af

(Re	equestor's Name)	
(ive	Andrew (Marrie)	
(Ad	Idress)	
	•	
(Ad	ldress)	
, (Cit	ty/State/Zip/Phone #	•
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	Ì

Office Use Only



400280686544

JAN 25 2016 S. YOUNG

COVER LETTER

TO: Registration Section			_
Division of Corporations			
SUBJECT: Tampa Bay Maids, LLC			
(Name of L	imited Liability Co	отралу)	
The enclosed member, resignation or disso	ciation and fee	(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to):	
Maria C. Urtiaga			
(Contact Person)		_ 	
Tampa Bay Maids, LLC			ب اس
(Firm/Company)			FILE JAN 22
		A Company	1 '
11901 4th Street North, Apt. # 10104			。
(Address)			3: 09
St. Petersburg, FL 33716			Ω
(City/State and Zip Code)		_	
For further information concerning this ma	atter, please cal	l :	
Maria C. Urtiaga	727 at (510-3269	
(Name of Contact Person)		de & Daytime Telephone Number)	
Enclosed please find a check made payable	e to the Florida	Department of State for:	
\$25 Filing Fee		ng Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 32314	
Tallahassee, Florida 32301			

CR2E079 (2/14)



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 appe	ears on the records of the	Florida Department
of State is:	pa Bay Maids, LLC		•
2. The Florida docu L15000178024	ument/registration number assigned	to this limited liability co	ompany is:
CIDLETA CL	mber/manager withdrew/resigned o		
(Print N	ame of Person Resigning)	icicuy withdraw/resign as	s a
MGR			
	(Print Title)		
of this limited lial resignation in wri	bility company and affirm the limite iting.	ed liability company has t	peen notified of my
9	2 DE		
Signature of Di	ssociating Member or Resigning M	anager	22 PH
Filing Fee:	\$25.00 (Required)		W
Certified Copy:	\$30.00 (Optional)		₹F 6