

L2122-1730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

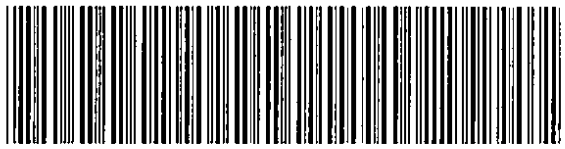
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/17/23--01011--014 **25.00

2023 JUL 17 PM 2:22
CLERK OF STATE
TALLAHASSEE, FL

7/17/23

RECEIVED
FROM
07/17/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TED HOUSING 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:

JULIE TEDESCO
(Contact Person)

TED HOUSING LLC
(Firm/Company)

10477 NW 4TH ST
(Address)

CORAL SPRINGS FL 33071
(City/State and Zip Code)

REC'D 17 PM 2:22
STATE OF FLORIDA
TALLHASSEE, FL

For further information concerning this matter, please call:

JULIETEDESCO at (954) 592-7619
(Name of Contact Person) (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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: TED HOUSING LLC
- 2. The Florida document/registration number assigned to this limited liability company is:
L21000479070
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/7/23
- 4. I, GABRIELLE TEDESCO, 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.

G Tedesco
Signature of Dissociating Member or Resigning Manager

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

RECEIVED
APR 17 2023
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL