L23000160905

| (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: |
| |
| |
| |
| |
| |





300408252803

S. CHATHAM

05/08/23--01025--014 **25.80



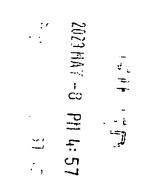
COVER LETTER

| TO: Registration Section Division of Corporations | • |
|---|--|
| 5s.en er corporations | |
| SUBJECT: TIDY HEIDI MAID SEI (Name of Limi | evice, LLC |
| (Name of Limi | ted Liability Company) |
| The enclosed member, resignation or dissocia | ntion and fee(s) are submitted for filing. |
| Please return all correspondence concerning | his matter to: |
| ANGELA M. MCLENDON | |
| (Contact Person) | |
| (Firm/Company) | |
| 477 OCMA ST SW (Address) | |
| (Addiess) | |
| PALM BAY, FLORIDA 32908 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matte | r. please call: |
| ANGELA M. M. LENDON (Name of Contact Person) | at (321) 895 - 0492 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Englosed please find a check made payable to | the Florida Department of State for: |
| ☑ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section Division of Corporations | Registration Section |
| P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

CR2E079 (2/14)





DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the | e limited liability company as it appears on the records of the Florida Department |
|---|--|
| of State is: | IN HEIDI MAID SPEVICE, LLC |
| 2. The Florida doc | cument/registration number assigned to this limited liability company is: |
| L2300011 | 60905 |
| 3. The date this m | ember/manager withdrew/resigned or will withdraw/resign is: 65/01/2013 |
| 4. I, NATAUE | M. CASADEZ. , hereby withdraw/resign as a Name of Person Resigning) |
| MANAGE | (Print Title) |
| of this limited lia resignation in w | ability company and affirm the limited liability company has been notified of my riting. |
| <i>Mafalie</i> Signature of D | issociating Member or Resigning Manager |
| _ | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |