L19000069706

(Reque	stor's Name)				
(Addres	is)				
(Addres	ss)				
(City/St	ate/Zip/Phone	#)			
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JUL 0 9 2019 D. CUSHING

COVER LETTER

	Registration Section Division of Corporations				
SUBJE	CT: 2M CLEANERS LLC				
000.2		nited Liability Co	ompany)		
The enc	losed member, resignation or dissoc	iation and fee	(s) are submitted for filing.		
Please r	eturn all correspondence concerning	this matter to	·:		
NINOT	CHKA HECHT				
	(Contact Person)		***		
FAST	FILIGN SERVICES LLC				
	(Firm/Company)		_		
10544	NW 26TH ST STE E-204				
	(Address)		_		
DORA	L FL 33172				
	(City/State and Zip Code)	·	<u> </u>		<u>.</u>
For furt	her information concerning this matt	er, please call	l:	ر 19	M. Service M. Service
TONIN	CHKA HECHT	786	762-20 4 8	JUN 25	
	(Name of Contact Person)		le & Daytime Telephone Number)	79	- 35 - 35 - 51
	d please find a check made payable : Filing Fee		Department of State for: ng Fee & Certified Copy	м 3: 57	F STATE. FORATION

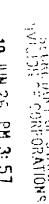
STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

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





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	s it appears on the records of the Florida Dep	artme	nt
of State is:	CLEANERS LLC			-·
2. The Florida doc L1900006970	•	ssigned to this limited liability company is:		
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign is:	19	_
4 I MCLEAN, AI	NTHONY	hereby withdraw/resion as a		
(Print 8	lame of Person Resigning)	, hereby withdraw/resign as a		5 11
MANAGER			9 ت	3 <u>5</u>
^	(Print Title)			17.65 17.65
of this Imited lia resignation in wr	bility company and affirm the	ne limited liability company has been notified	10mm 3: 57	EU Y OF STATE ORFORATIONS
Signature of D	issociating Member or Resig	ning Manager		1,,
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			