

L19000088240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

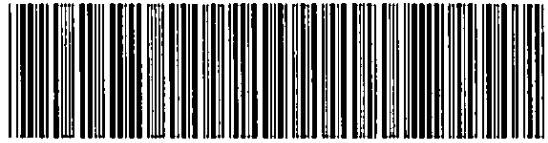
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Can't be used to resign  
as pa

Office Use Only



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05/12/20--01010--021 \*\*60.00

04/09/20--01005--022 \*\*25.00

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R. WHITE  
MAR 19 2020



2020 APR 21 10:11

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2020

TANYA M. HILL  
1708 LOUISIANA AVE  
PANAMA CITY, FL 32405

SUBJECT: SOFRESH CLEANING SERVICE, LLC  
Ref. Number: L19000088240

We have received your document for SOFRESH CLEANING SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The statement of dissociation of member,manager cannot be used to resign as registered agent. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 020A00008323

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01 15, Florida Statutes, the undersigned,

Dalton Weekes \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for SoFresh Cleaning Service, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L1900088240  
\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

D Weekes  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

202011-06 AM 7:30

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks pay able to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**