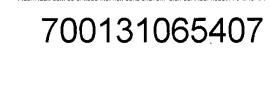
L05000100882

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·		
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	ed Copies Certificates of Status			
Special Instructions to Filing Officer:				
	,			

Office Use Only



06/16/08--01037--021 **85.00

B JUN 16 PH 3 L

RA Res. 98 6/1

COVER LETTER

TO:

Amendment Section Division of Corporations

MAILING ADDRESS:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section

SUBJECT: Bory, Kenjosian, and Sharples Cleaning Services LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L05000100882
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
R. Gregg Jerald
(Name of Person)
Landt, Wiechens, LaPeer & Ayres
(Name of Firm/Company)
445 N.E. 8th Ave.
(Address)
Ocala, FL 34470
(City/State and Zip Code)
For further information concerning this matter, please call:
R. Gregg Jerald at (352) 732-8622 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509, Florida Statutes, the und	ersigned,
Christine Bory	, hereby resigns as	
1)	Name of Registered Agent)	
Registered Agent for Bo	ry, Kenjosian, and Sharples Cleaning	Services LLC
	(Name of Limited Liability Company)	,
L05000100882		
(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 a	and the office discontinued on the 31st day after the date or	which this statement is filed.
-	Chustin Bay. (Signature of Resigning Agent)	<u></u>
If signing on behalf of an e		
	(Typed or Printed Name)	16 I
_	(Capacity)	73 3 46

FILING FEES:

\$ 85.00 Active limited liability company

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

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