

L190000 69706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

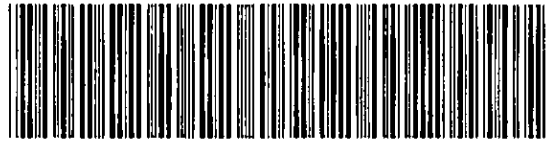
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Ra Resignation

JUL 09 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2M CLEANERS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000069706

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:

NINOTCHKA HECHT

Name of Person

FAST FILING SERVICES

Name of Firm/Company

10544 NW 26TH ST STE E-204

Address

DORAL FL 33172

City/State and Zip Code

fastfilingservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ninotchka Hecht

at (

786

762-2048

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

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DIVISION OF CORPORATIONS
19 JUN 26 PM 3:57

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

MCLEAN, ANTHONY

, hereby resigns as

Name of Registered Agent

Registered Agent for **2M CLEANERS LLC**

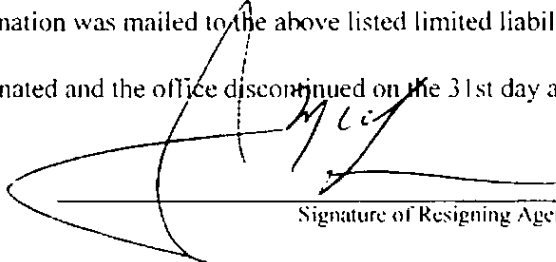
Name of Limited Liability Company

L19000069706

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.



Signature of Resigning Agent

If signing on behalf of an entity:

MCLEAN, ANTHONY

Typed or Printed Name

Capacity

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

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