

L03000023435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

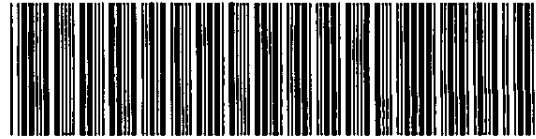
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600294501156

01/23/17--01036--015 **35.00

FILED

2017 JAN 23 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JAN 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Clear Home Services LLC.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Diane Bernet

(Contact Person)

All Clear Home Services LLC.

(Firm/Company)

27261 S. riverside Dr.

(Address)

Bonita Springs, FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Bernet

(Name of Contact Person)

at (239) 280- 6886
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

1/17/17
OK
Posted



All Clear Home
DISOLVE

FILED
2017 JAN 23 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 it appears on the records of the Florida Department of State is: All Clear Home Services LLC.

2. The Florida document/registration number assigned to this limited liability company is:

A. L. 030000 23435

3. The date this member/manager withdrew/resigned or will withdraw/resign is: ~~12/31/16~~ 1/17/17

4. I, DIANE K. BERNET, hereby withdraw/resign as a

(Print Name of Person Resigning)

Diane K. Bernet / MNG.
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Diane K. Bernet

Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)

Pd. with CREDIT CARD