L04000050099

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u>. </u>
(Ci	ty/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



000234653700

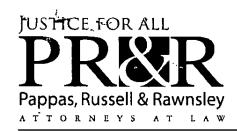
06/05/12--01010--009 **85.00



J. BRYAN

JUN - 6 2012

EXAMINER



George S. Pappas David B. Russell Marla J. Rawnsley

May 31, 2012

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

Galaxy Carpet Cleaning, LLC Organized in State of Florida Document #: L04000050099

Our File: 12-023

Dear Sir/Madame:

Enclosed you will find the following documents:

- 1) Resignation of Member, etc.;
- Resignation of Registered Agent;
- 3) Statement of Change for Registered Agent;
- 4) Money orders and/or checks totaling \$135.00 to cover the cost of filing.

If anything further is required from this office, please do not hesitate to contact us. Thank you for your assistance.

Sincerely yours,

George S. Pappas

GSP:jr Enclosures

cc: Mr. Mich

Mr. Michael Harmon

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Galaxy Carpet Cleaning LLC Name of Limited Liability Company		
DOCUMENT NUMBER:		
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted	
Please return all correspondence concerr	ning this matter to the following:	
Name of Person	FILE MI: 52 RECARRASSEE PLONGS	
	The state of the s	
Name of Firm/Company		
Name of Find/Company		
·		
Address		
	52	
City/State and Zip Code	e	
•		
E-mail address: (to be used for future annu	ial report notification)	
For further information concerning this	•	
roi further information concerning this	matter, piease can.	
·	at () Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admit limited liability company.	e Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.5	09, Florida Statutes, the undersigned,
Diane Harmon Name of Registered Agent	, hereby resigns as
Registered Agent for Galaky Carpet	Chaning, LLC
Name of Limited Liability	Company
L0400050099 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 t	the 31st day after the date on which this statement is filed.
Diana Harris Signature of	Resigning Agent
If signing on behalf of an entity:	SECOND TO THE SE
Typed or Printe	Sept 5 m
Capacity	EE.F.LORES

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