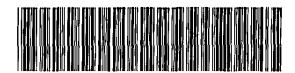
## L04000055586

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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ORP. O. S. W. O. S. O. L. O. S. O. L.

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisions of	n section 608.416(2) of 60	6.509, Fiorida State	ates, the undersig	gneu,	
Kathryn	Kline ame of Registered Agent)		, hereby resigns	as	
' (Na	ame of Registered Agent)				
Registered Agent for <u>A</u> 4230 Gloves	Clean Swee	P.LLC			
4270 Gloves	e St. Coloa,	FL 329.	27		,
	(Name of Limited Liab	ility Company)			
<i>i_0 400 00 55</i> (Document Number,	<del></del>				
A copy of this resignation v	vas mailed to the above lis	ted limited liability	company at its la	ast known add	iress.
The agency is terminated ar	nd the office discontinued	on the 31st day afte	r the date on whi	ich this statem	nent is filed
	Kathryn 7 (Signature of R	esigning Agent)		05 JUN 2¢ βECRETARY ΓαLLAHASSE	FIL
_	(Typed or P	rinted Name)		A PH	П
_	(Сарас	city)		1:56 Span	D

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\$ 25.00 | Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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