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COVER LETTER

_	stration Section sion of Corporations					
SUBJECT:	Exceptional Linen Services, L	.LC				
SOBSET.	(Name of Limite	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissociat	tion and fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to:				
Julio C. He	rnandez					
	(Contact Person)		_			
	(Firm/Company)		_			
16931 SW	213 Ln					
	(Address)		-			
Miami, FL	33187					
	(City/State and Zip Code)		_			
For further i	nformation concerning this matter	, please call	:			
Julio C. He		305	510-1039			
1)	Name of Contact Person)		e & Daytime Telephone Number)			
Enclosed ple □ \$25 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy			
	OURIER ADDRESS:		MAILING ADDRESS:			
Registration	Section Corporations		Registration Section Division of Corporations			
Clifton Buil	•		P.O. Box 6327			
2661 Execut	tive Center Circle . Florida 32301		Tallahassee, Florida 32314			

CR2E079 (2/14)



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)

	limited liability company as eptional Linen Services, L	it appears on the records of the Florida Departme	ent
	ument/registration number as	ssigned to this limited liability company is:	
Maria E Per	ez-Hernandez	igned or will withdraw/resign is: 01/01/2015, hereby withdraw/resign as a	_
(Print N	ame of Person Resigning)	, nercby withdraw/resign as a	
	• •	ne limited liability company has been notified of n	ny
	ssociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)	2815 NOV 23 PH	Acres of the second