

LD8000019305

(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



300156566293

06/02/09--01054--001 **85.00

FILED
09 JUN -2 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Resign
Thurs
6-5-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOUBLE THREE CLEANING SERVICES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000019305

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:

Augusto Ferreira
Name of Person

Augusto Ferreira Accounting Service
Name of Firm/Company

185 S. Westmonte Dr Ste 1216
Address

Altamonte Springs
City/State and Zip Code

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

For further information concerning this matter, please call:

Augusto Ferreira at (407) 786-6400
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
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 608.509, Florida Statutes, the undersigned,

WIVIAN CAZORLA

Name of Registered Agent, hereby resigns as

Registered Agent for DOUBLE THREE CLEANING SERVICES LLC

Name of Limited Liability Company

L08000019305

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:

WIVIAN CAZORLA

Typed or Printed Name

MGR

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
09 JUN -2 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA