

LD8000036361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

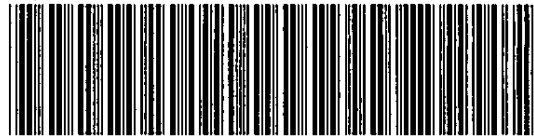
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000159540010

08/17/09--01015--026 **85.00

FILED
09 AUG 17 PM 5:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

RA Rising
Tennis
8-19-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Universal Rosa Cleaning LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000036361

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:

Rosaura Angius
Name of Person

Universal Rosa Cleaning LLC
Name of Firm/Company

8639 Ardenwood court
Address

Trinty Florida 34655
City/State and Zip Code

popina2@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosaura Angius at (727) 534-8497
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Joseph Angius

Name of Registered Agent

, hereby resigns as

Registered Agent for

Universal Rosa Cleaning LLC

Name of Limited Liability Company

L08000036361

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:

Typed or Printed Name

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 AUG 17 PM 5:01
TALLAHASSEE
FLORIDA
SECRETARY OF STATE