## 210000058472

(Requestor's Name)	_					
(Address)						
(Address)						
· · ·						
(City/State/Zip/Phone #)						
(Stylotate/2/p/i Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	_					
Consideration to Filipp Officer	$\neg$					
Special Instructions to Filing Officer:						

A. LUNT

SEP -1 2010

**EXAMINER** 

Office Use Only



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ALLAHASSEE FLORIGE

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 4 Elements _ leanin	<del></del>
(Name of Limited Liability	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Maria Gaviria	
(Contact Person)	70. 78
4 Elementsleaning Serv	CES LLC.
	£ 44
325: 5. 13 ISCAYNE Blud	. Suite 144 P
(Address)	Soule Idid
Miami, FL 33131	Tar
(City/State and Zip Code)	
For further information concerning this matter, please c	all:
(Name of Contact Person) at (78)	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	da Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<del></del>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability comp	any as it appears		1.	oartmen 	t
2. This limited liabi	lity company was org	ganized under the	laws of:	<b>7</b>	21	
10000 4. I, Sandr	ment/registration nur  058472  1	· .	d liability compan		2010 AUG 30 PM 2:	
resignation in wri	oility company and afting.  Spring Member, Mana		·····	as been notifie	d <b>.</b> o∓ my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					