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SECRETARY OF STATE
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## **COVER LETTER**

Division of Corporations	
SUBJECT: New Leaf Clean (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Jeffrey Lampert (Contact Person)	
NewLeaf Clean (Firm/Company)	
(Pirm/Company)  11079 Apple Gate Ln  (Address)	
Boynton Beach, FL 33437	
For further information concerning this matter, please call:	
(Name of Contact Person) at (U17) 842-845 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \frac{1}{3}\$ \frac{5}{2}\$ Filing Fee \$\square\$ Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li of State is:	mited liability company as it appears on the records of the Florida Department  WLEAF CICAN LLC.
2. This limited liabil	ty company was organized under the laws of:  O  TALLAR 18  PR 18
3. The Florida docum	nent/registration number of this limited liability company is:
4. I, Sox a particular (Print National)	16 BOULOUSS, hereby resign as a Managing member of Person Resigning) (Prim Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
J.P	augus
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)