*L10000/1583/

(Requestor's Name)					
(Address)					
(Add	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		;			





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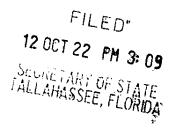
K. SALY EXAMINER OCT 23 2012

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		OLSTERY CLEANING ited Liability Company)
The enfiling.	nclosed member, managing member or	manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning	this matter to:
KARI	LA A HUGHES	
	(Contact Person)	
ACT	CION CARPET & UPHOLSTERY CI	LEANING
	(Firm/Company)	
421	9 18TH AVENUE DR W	
	(Address)	•
BRA	DENTON FL 34205	
	(City/State and Zip Code)	
For fu	orther information concerning this matte	er, please call:
KAI	RLA A HUGHES	at (941) 941-448-9102 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable t X \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Regist Divisi Clifto 2661 I	tration Section ion of Corporations n Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 company as CTION CARPET & UPHO		of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu L10000115	iment/registration number of	this limited liability com	pany is:
of this limited lial resignation in wri	ame of Person Resigning) pility company and affirm the ting.		(Print Title)
Filing Fee:	going Member, Managing M \$25.00 (Required) \$30.00 (Optional)	ember or Manager	