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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

STIP TO CT. DO P. Clooning	. Samilaga II C
SUBJECT: R&B Cleaning Name of Limite	1 Services, LLC d Liability Company
DOCUMENT NUMBER: L	11000036536
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this n	natter to the following:
Mara Shaughnessy, Esquire Name of Person	•••••
Shaughnessy Law, PLLC	
Name of Firm/Company	======================================
618 E. Bloomingdale Avenue	SECKETARY
Brandon, FL 33511 City/State and Zip Code rbcservicestampa@gmail.com	PROF STATE EE, FLORIDA
E-mail address: (to be used for future annual report no For further information concerning this matter, ple	
Mara Shaughnessy, Esquire at (at (	813 ) 657-6700 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrativel limited liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn
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,					
Nitay	a Horne	, hereby	resigns as		
	egistered Agent	,,			
Registered Agent for	R&B CI	eaning Services, LLC			
	Name of Limited Liability	/ Company	,		
L11000036536  Document Number, if kno					
A copy of this resignation was ma	iled to the above listed	limited liability company	at its last known address.		
The agency is terminated and the o	Thanky-	the 31st day after the date	on which this statement is filed.		
If signing on behalf of an entity:			LORE T	7	
	Typed or Print	ed Name	SSEE OF THE PERSON OF THE PERS	-	
<del></del>	Capacity		OF STATE	l	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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