## L11000075459

(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:				
J DENNIS				
AUG 1 4 2023				

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SFORETARY OF STATE
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## **COVER LETTER**.

TO: Regi	istration Section	
Divi	sion of Corporations	
SUBJECT:	ACleanerway,. LLC	
	(Name o	Limited Liability Company)
The enclose	d member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return	n all correspondence concern	ning this matter to:
Mark Dunlop		
	(Contact Person)	
ACleanerway	LLC	
	(Firm/Company)	
5054 SE Deve	enwood Way	
	(Address)	<del></del>
Stuart FL 349	97	
	(City/State and Zip Code)	<del></del>
For further i	nformation concerning this	natter, please call:
Mark Dunlop		561 596-4751 at ()
()	Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple		ble to the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
	ng Address:	Street Address:
_	stration Section sion of Corporations	Registration Section Division of Corporations
	Box 6327	The Centre of Tallahassee
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as anerway LLC	it appears on the records of the Flo	orida Department
2. The Florida doc	ument/registration number ass	signed to this limited liability com	pany is:
MATTHEW E.F.	DINLOP	gned or will withdraw/resign is:, hereby withdraw/resign as a	•
	(Print Title) bility company and affirm the iting.	e limited liability company has bee	
	\$25.00 (Required) \$30.00 (Optional)	ing Manager	FILED SPERETARY OF STATE ORDORAL 2029 JUL -6 PM 5: 5