## L11000114520

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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A. LUNT

OCT 19 2011

**EXAMINER** 

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ALLIANASSEE STATE

## **COVER LETTER**

ā.,,

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: O3 GREEN CLEANING L (Name of Limited I	
(Manie of Enimed )	Stability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
CHARLES M GARDNER	<b>201</b>
(Contact Person)	CARE CARE
O3 GREEN CLEANING LLC	SECHETARY OF STA
(Firm/Company)	
4490 GILLOT BLVD.	STATE
(Address)	Ōmi <b>N</b>
PORT CHARLOTTE FL 33981	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, p	lease call:
CHARLES M GARDNER at 6	941 38300571
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	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 32301	Tallahassee, Florida 32314





## 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 limited liab of State is: O3 GREEN		• •	of the Flori	da Departn	nent —·
2. This limited liability compa	_	der the laws of:	ؿ	<b>2</b> 9.	
3. The Florida document/regis L11000114520	tration number of this	s limited liability com	pany is:		717
4. I, KAREN L GARDN  (Print Name of Person of this limited liability comp.	n Resigning)	_, hereby resign as a _	(Pri <del>ni</del>	Title) 62	
resignation in writing.		aited habinty compan	y nas been	nouned of	Hiy
Signature of Resigning Mem	nber, Managing Meml	ber or Manager			
	(Required) (Optional)				

CR2E079 (5/06)