#2/2000/30828

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Eddiness Ends) (Value)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
ALLAMASSEE FLOORY

K.SALY EXAMINER OCT 23 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Few Good Cleaners, LLC (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:
Glenda Flores (Contact Person)
A Few Good Cleaners, LLC (Firm/Company)
25 Ernest E. Sims St.
Avon Park FL 33825 (City/State and Zip Code)
For further information concerning this matter, please call:
Granda Flores at (863) 212-9139 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum{\text{\$\sum{\text{\$\text{\$\text{\$\text{Filing Fee}}}}}} \text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, 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 of State is:	limited liability company as	s it appears on the records Cleaners	of the Florida Department LLC
	ility company was organized	d under the laws of:	
	ument/registration number o	f this limited liability com	pany is:
4. I, Glence	da Flores Vame of Person Resigning)	, hereby resign as a	Manage (Print Title)
of this limited lia resignation in wr	bility company and affirm the	ne limited liability compan	y has been notified of my
Signature of Res	igning Member, Managing I	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		