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What ilse do I have the do? Contact IKS? you can give me wice be apreciated. Generic Cleaning Seminter Ungelini De Cline A All Currespondence please
Mail to. P. O. Box
262924
Yampa, 2/33615

COVER LETTER

Registration Section
Division of Corporations

TO:

Registration Section

Clifton Building

CR2E079 (2/14)

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

(Name of Littined Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Angelina B. Cline (Contact Person)				
Geneses Cleaning Service LLC (Firm/Company)				
(Firm/Company)				
5120 Hateway Ar				
(Address)				
Tampa, Fl 33615 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: MAILING ADDRESS:				

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314



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)

1. The name of t	he limited liability company	as it appears on the rec	cords of the Florida Depart	tment
of State is:	Genesis Clean	ung Servi	re LLC	·
2. The Florida de	ocument/registration number	assigned to this limite	ed liability company is:	
L 1300	00021311	····		
<i>^</i>	member/manager withdrew/re	-		15
4. I, Mgeli	noi B. Cline 11 Name of Person Resigning)	, hereby withdi	raw/resign as a	
MANA	GER (Print Title)			
of this limited resignation in	liability company and affirm writing.	the limited liability co	ompany has been notified o	fmy
Millia	Dissociation Many Confloring	ioning Manager	-	
Øignature of	Dissociating Member or Resi	igning Manager	Ē	1.05 1.05 1.05
Filing Fee:	\$25.00 (Required)		LAH	CRE

Certified Copy:

\$30.00 (Optional)