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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations
SUBJECT: Anchored Cleaning Services, LLC (Name of Limited Liability Company)
(Name of Entanted Elability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Anthony DeRosse (Contact Person)
Anchored Cleaning Services, LLC (Firm/Company)
1508 Sparlin Rd. (Address)
Lutz FL 33549 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony DeRosse at (\$13) 990 - 7435 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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)

	ited liability company as it appears on the records of the Florida Department
of State is: And	nored Cleaning Services, LLC
	nt/registration number assigned to this limited liability company is:
L130000699	762
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is: 4-4-14
	Of Person Resigning), hereby withdraw/resign as a
MCTRM (Prin	nt Title)
of this limited liability resignation in writing	y company and affirm the limited liability company has been notified of my
Signature of Dissoo	ciating Member or Resigning Manager
Filing Fee: Straight Certified Copy: Straight Copy:	