

L13000075530

(Requestor's Name)

(Address)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XSTREAM CLEAN LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 613000075530

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristen Dufelle  
Name of Person

XSTREAM CLEAN LLC  
Name of Firm/Company

303 SE 17th St. #309-101  
Address

OCALA, FL. 34471  
City/State and Zip Code

CDufelle@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cris Dufelle at ( 352 ) 789-5191  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CRISTEN Dutelle

Name of Registered Agent

, hereby resigns as

Registered Agent for XSTREAM CLEAN LLC.

Name of Limited Liability Company

L13000075530

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

CRISTEN Dutelle

Typed or Printed Name

MGRM

Capacity

### FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314