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COVER LETTER

Division of Corporations	
SUBJECT: ProCleaning Ladies (Name of Limit	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Marizol Nuñez (Contact Person)	
(Firm/Company)	
3185 Kernen Lake Circle (Address)	· · · · · · · · · · · · · · · · · · ·
Jacksonville, FL 32246 (City/State and Zip Code)	Apt. 305
For further information concerning this matter	er, please call:
Marizo Nunez (Name of Contact Person)	at (904) 790 - 2468- (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 the	limited liability company	as it appears on the record	ds of the Florida Departi	nent
of State is: Pro	Cleaning Ladies			·
2. The Florida doc	ument/registration number	assigned to this limited li	ability company is:	
L130000	087611	 .		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/	resign is: <u>4 -11 -15</u>	
4.1, <u>Marizol</u> (Print N	Nuñez Same of Person Resigning)	, hereby withdraw	/resign as a	
MBR	(Print Title)			
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability comp	any has been notified of	my
Morine	nun		2	:
Signature of Di	issociating Member or Res	igning Manager	5 APR ECRET LLANG	<u>्र</u> ्
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		16 AM 3: 10 ARY OF STATI ISSEE, FLORD	LED