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(Re	equestor's Name)
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(Cit	ty/State/Zip/Phor	ne #)
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FEB'18 2016 BRUCE

COVER LETTER

Division of Corporations
SUBJECT: Paradise Cleaning Team LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Brenda Black (Contact Person)
Paradise Cleaning Team LLC (Firm/Company)
2937 Tuisa Ave
North Port, FL 34286 (City/State and Zip Code)
For further information concerning this matter, please call:
Brenda Black (Name of Contact Person) at (941) 822-7892 \(\times\) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section

TO:

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

□ \$55 Filing Fee & Certified Copy

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

\$25 Filing Fee



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	imited liability company as it appears on the records of the Florida Department	nent
of State is: Po	radise Cleaning Team LLC	
	ment/registration number assigned to this limited liability company is:	
L130000	96723	
3. The date this me	nber/manager withdrew/resigned or will withdraw/resign is: 1/39/ac	216
4. I, Sylvi A (Print No.	me of Person Resigning), hereby withdraw/resign as a	
Authori	Zed nembel.	
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of ing.	my
Kyl	2/1/2016 Societing Member or Pecigning Manager	
Signature of Dissociating Memori of Resigning Manager		1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	