

L13000127021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

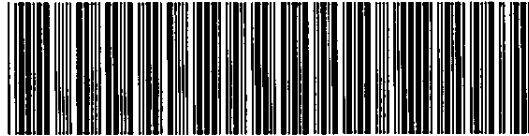
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIS CLEANING SERVICES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000127021

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:

JOSEFINA PASQUALONE

Name of Person

JIS CLEANING SERVICES LLC

Name of Firm/Company

2738 LANTANA RD APT # 105

Address

LANTANA, FL 33462

City/State and Zip Code

jiscleaningnow@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEFINA PASQUALONE at 561 574-0302

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

STEPHANIE SEVERINO

, hereby resigns as

Name of Registered Agent

Registered Agent for **JIS CLEANING SERVICES LLC**

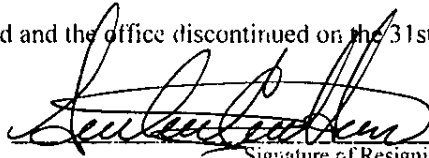
Name of Limited Liability Company

L13000127021

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:

Typed or Printed Name

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