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◆ (Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dust Til Dawn Cleaning,LLC	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Dawn Wallschlaeger	
(Contact Person)	
Dust Til Dawn Cleaning,LLC	
(Firm/Company)	
921 Duncan Road	
(Address)	
South Daytona, FLorida 32119	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Dawn Wallschlaeger	386 689-2772
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t ☐ \$25 Filing Fee	to the Florida Department of State for: \$\Boxed{\Boxes} \$55\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasses Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

	e limited liability compan st Til Dawn Cleaning,LL	y as it appears on the records of the Flor	rida Department
2. The Florida do L130001394	Q	er assigned to this limited liability comp	any is:
		/resigned or will withdraw/resign is: 12	- U
mgrm	Name of Person Resigning) (Print Title)	, hereby withdraw/resign as a	DEC 23 PA
of this limited li resignation in v	iability company and affiri	m the limited liability company has beer	n notified if my
Jignature of I	Dissociating Member or R	esigning Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)