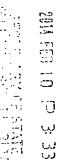
| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |





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02/10/14--01009--019 **25.00



B. BOSTICK

FEB 1 2 2014

EXAMINER

COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: Norough W & Extended Liability The enclosed member, resignation or dissociation and for | Chaning, LLC |
| Please return all correspondence concerning this matter | to: |
| Tery D. Lind Sty (Contact Person) | |
| ************************************** | |
| (Firm/Company) | |
| P.O. Box 291595 (Address) | |
| Tampa, FL 331e87 (City/State and Zip Code) | |
| For further information concerning this matter, please c | all: |
| (Name of Contact Person) at (81- | 3 957-8427 Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florid \$25 Filing Fee | da Department of State for: \$\sumset\$ \$\\$55 \text{Filing Fee &}\$ Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (12/13)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | mited liability company as it | appears on the records | of the Florida Departm Commercial Cleaning | ient L LLC |
|--|--|---------------------------|--|------------------|
| _ | ient/registration number of the 173540 | nis limited liability com | pany is: | |
| 3. The date this mem | ber withdrew or will withdra | w is: 31 Dec | ember 20 | 13 |
| 4.1, Darrell | | , hereby resign as a _ | | |
| of this limited liabil resignation in writing | ity company and affirm the lang. | imited liability compan | y has been notified of | my |
| Danil | K Linken | | | |
| Signature of Resi | gning or Dissociating Mana | ger, Member | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | |