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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clan Ar of Central (Name of Limited Liability Con	1 Florida, UC
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Dirtrich Jenkins (Contact Person)	_
Clean Mir of Central-Florida LC (Firm/Company)	<u>, </u>
178 12th NE	_
City/State and Zip Code)	_
For further information concerning this matter, please call:	
Diethich Phkins at (321 (Name of Contact Person) (Area Code) 422 4915 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$55 Filing	Department of State for: g 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)

•	limited liability company as		•
2. The Florida docu	nment/registration number as	signed to this limited liab	oility company is:
4. I, <u>Vane</u> Print N MGR	mber/manager withdrew/resi	gned or will withdraw/re, hereby withdraw/re	
resignation in wr Wall Signature of Di Filing Fee:	ssociating Member or Resign \$25.00 (Required)		FILED FILED ALLAHASSEL, FLOR
Certified Copy:	\$30.00 (Optional)		A