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STATE LORIDA

FEB 1 0 2015 T. CARTER

COVER LETTER

TO: Registration Section **Division of Corporations** PROFESSIONAL CLEANING SERVICE OF ORLANDO LLC SUBJECT: (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: JENNIFER YON (Contact Person) **IBA-INNOVATIVE BUSINESS ASSOCIATES LLC** (Firm/Company) 3239 OLD WINTER GARDEN RD. SUITE 13 (Address) ORLANDO, FLORIDA 32805 (City/State and Zip Code) For further information concerning this matter, please call: JENNIFER YON (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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 limited liability company as it appears on the records of the Florida Department of State is: PROFESSIONAL CLEANING SERVICES OF ORLANDO, LLC.
2. The Florida document/registration number assigned to this limited liability company is: L14000054742
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, BROOKE JENKINS , hereby withdraw/resign as a (Print Name of Person Resigning)
AR
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager