L/4000/23864

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 ming officer.				

Office Use Only



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C. LEWIS

AUG 27 2014

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations					
SUBJECT: Davis & Davis 24 Hour Cleaning Service L.L.C					
Sebule 1.	(Name of Limited Liability Company)				
The enclosed	l member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
Tyrissa Dav	vis				
. (Contact Person)					
Davis & Davis 24 Hour Cleaning Service L.L.C					
	(Firm/Company)		_		
1011 North Galloway Rd.					
	(Address)		_		
Lakeland, FL 33810					
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)		_		
For further information concerning this matter, please call:					
Tyrissa Da	vis	863	589-3000		
(N	ame 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					
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration			Registration Section Division of Corporations		
Division of Corporations Clifton Building			P.O. Box 6327		
S			Tallahassee, Florida 32314		
Tallahassee Florida 32301			•		



SENSE LARY OF LIABE DIVISION OF CORPORATIONS

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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)

	limited liability company as it	appears on the records of the Florida Department
	ument/registration number ass	igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:
Brittini Kina		, hereby withdraw/resign as a
Manager	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Di	ssociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	