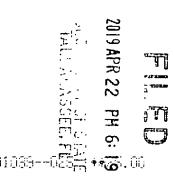
L14000 165611

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(D	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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COVER LETTER

Division of Corporations	•	
SUBJECT: 2 KLEAN GIRLZ, LLC Name of		
Name of	Limited Liability	Company
DOCUMENT NUMBER: L14000165611		***************************************
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to th	e following:
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
E-mail address, tto be used for future annual rep	port notification)	
For further information concerning this matter	er, please cail:	
Kasandra Lund	1 800	773-0888 x3951 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administrational liability company.	rida Department atively dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115. Florida Statutes, the u	indersigned.
	rporation Agents, Inc.	
Name of Registered Agent		, hereby resigns as
Registered Agent for	2 KLEAN GIRLZ, LLC	
	Name of Limited Liability Company	
L14000165611		
Document	Number, if known	
	tion was mailed to the above listed limited liabil ted and the office discontinued on the 31st day to Signature of Resigning Age	after the date on which this statement is filed.
lf signing on behalf of	an entity:	2019 APR 22
		Agents. Inc. Agents. Inc.
	Cheyenne Moseley	Carrier Control of the Control of th

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314