

L15000144569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

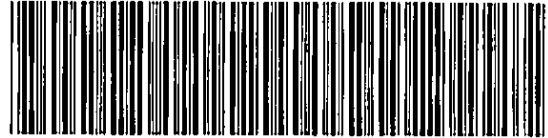
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400322455204

01/02/19--01037--015 **25.00

2019 JAN -3 PM 4:31
STATE OF FLORIDA
TALLAHASSEE

FILED

D. BRUCE
JAN 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Carpet Cleaning, LLC
(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:

German D. Medina
(Contact Person)

Prime Carpet Cleaning, LLC
(Firm/Company)

934 N. University Dr. #242
(Address)

Coral Springs, FL 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

German D. Medina at (954) 496-2289
(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:

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

MAILING ADDRESS:

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

FILED
2019 JAN -3 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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: Prime Carpet Cleaning, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L15000144569
3. The date this member/manager withdrew/resigned or will withdraw/resign is: December 15th, 2018
4. I, Claudia Medina (aka Claudia Hernandez) hereby withdraw/resign as a
(Print Name of Person Resigning)
Mgrm
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2019 JAN -3 PM 4:31
STATE DEPT OF STATE
ALL AMASSEE FLORIDA

FILED