L15000 186594

(Requestor's Name)	
(Address)	000295946860
(Address)	000_000.000
(City/State/Zip/Phone #)	•
(Business Entity Name)	03/01/1701014029 **55
(Document Number)	
Certified Copies Certificates of Status	A.S.
Special Instructions to Filing Officer:	17 MAR - 1 AH 7: 10 SECRETARY OF STATE LLAHASSEC FLORIDA

Office Use Only

**55.00

COVER LETTER

_	ion of Corporations		
SUBJECT:	No Dust Cleaning Services	s LLC	
	(Name of L	mited Liability Cor	mpany)
The enclosed	member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
Arelis Esca	lante		
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	
No Dust Cle	eaning Services LLC		
	(Firm/Company)		-
12418 Juliu	est st		
	(Address)		_
Tampa FL,	33612		
	(City/State and Zip Code)		M44-
For further in	nformation concerning this ma	tter, please call:	
Arelis Esca	lante	813 at (263-6876
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

The name of the limited liability company as it of State is:	t appears on the records of the Florida Department
2. The Florida document/registration number ass L15000186594	
3. The date this member/manager withdrew/resig	ned or will withdraw/resign is:
Islad Pana	, hereby withdraw/resign as a
(Print Name of Person Resigning)	SEL 17
MGR	AH.
(Print Title)	SS T
of this limited liability company and affirm the	limited liability company has been notified of my
resignation in writing.	76 3 17
doctels	
Signature of Dissociating Member or Resigna	ing Manager

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: