## L15000 203501

(Req	uestor's Name)	=
DbA)	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	
	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	<u>.</u>
Certified Copies	Certificates	s of Status
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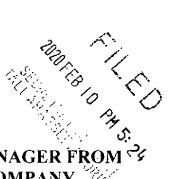
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## **COVER LETTER**

Division of Corporations	
A & D Cleaning, LLC SUBJECT:	
(Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
Danny Haynes	
(Contact Person)	
A & D Cleaning, LLC	
(Firm/Company)	
1025 Dakota Ave	
(Address)	
SAint CLoud, Florida 34769	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Angel Pridgen 386	559-3699
	ca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl	orida Department of State for:
	5 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM SELORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department
of State is: A &	D Cleaning, LLC
2. The Florida doc L15000203501	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Angel Pridgen (Print N	, hereby withdraw/resign as a lame of Person Resigning)
Member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Sho	
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)