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(Re	equestor's Name)	
. · (Ad	ldress)	
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(Ci	ty/State/Zip/Phone	o.#1
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PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	!
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

TO:

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jacqualina Sonkay (Contact Person)
Sonkay Claoning Sorvice ILC. (Firm/Company)
5662 18th Way South Apt D
St. Patasbura F 33712. (City/State and Y.ip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) 292 - 6879 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \text{\$55 \text{Filing Fee} & Certified Copy}\$\$

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Registration Section
Division of Corporations

Clifton Building

STREET/COURIER ADDRESS:

2661 Executive Center Circle

Tallahassee, Florida 32301



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:	ankay Claaning Sarvica LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L16000	066474
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 4 28 + 28
4. I, \(\sum_{\(Print\) No.	me of Person Resigning), hereby withdraw/resign as a
Mamb	Print Title)
of this limited liab resignation in write	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)