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(Rec	juestor's Name)	
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CR2E079 (2/14)

TO: Registration Section		
Division of Corporations		•
SUBJECT: RELIABLE MOBILE DETAIL	ING LLC	
(Name of Lim	nited Liability Co	mpany)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
COLSONN JEAN		
(Contact Person)		_
(Firm/Company)	,	_
2620 NEATON CT		
(Address)		_
WELLINGTON FLORIDA 33414		
(City/State and Zip Code)		_
For further information concerning this matt	er, please call:	
COLSONN JEAN	954 at (868-2149
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section
Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
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)

	imited liability company as it appears on the records of the Florida Department ABLE MOBILE DETAILING, LLC
2. The Florida docu L16000078809	ment/registration number assigned to this limited liability company is:
4. I, Col Sc. (Print No.) (Pri	nber/manager withdrew/resigned or will withdraw/resign is: 200
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)