

L16000106826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

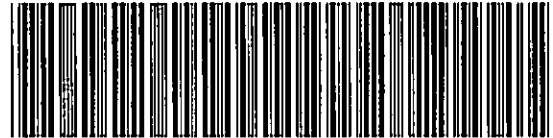
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C GOLDEN

APR 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAREN'S COMPLETE CLEANING

Name of Limited Liability Company

DOCUMENT NUMBER: L16000106826

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORA E. BARILLAS

Name of Person

Name of Firm/Company

2001 SPOONER DRIVE

Address

PLANT CITY, FLORIDA 33563

City/State and Zip Code

SERVICIO_LATINO@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORA E BARILLAS

813

731-3986

Name of Person

at (

_____)
Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2020

DORA E. BARILLAS
2001 SPOONER DRIVE
PLANT CITY, FL 33563

SUBJECT: KAREN'S COMPLETE CLEANING LLC
Ref. Number: L16000106826

We have received your document and check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00005672

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DORA E. BARILLAS

hereby resigns as

Name of Registered Agent

Registered Agent for KAREN'S COMPLETE CLEANING LLC

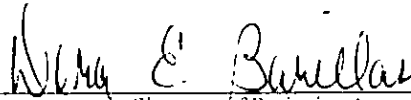
Name of Limited Liability Company

L16000106826

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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MAY 11:30