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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TEXTILES POWER CLEANING, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
ANTONINO SINDONA (Contact Person)
N/A (Firm/Company)
251-174 St. #212 (Address)
SUNNY ISLES BEACH FL 33162 (City/State and Zip Code)
For further information concerning this matter, please call:
ANTONINO SWIDNA at (786) 80+7920 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$ \$25 \text{ Filing Fee} \subseteq \$55 \text{ Filing Fee & Certified Copy} \$\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 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 FLORIDA OR FOREIGN LIMITED LIABILITY COMPA

(Pursuant to 605.0216, Florida Statutes)

	he limited liability company as it appears on the records of the Florida Department EXTILES POWER (LEANING LLC).
_	ocument/registration number assigned to this limited liability company is:
3. The date this i	member/manager withdrew/resigned or will withdraw/resign is: $6-20-18$ To SINDON A hereby withdraw/resign as a Name of Person Resigning)
MER	Name of Person Resigning) BF-R
of this limited I resignation in v	iability company and affirm the limited liability company has been notified of my vriting.
Signature of	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)