217000046575

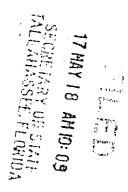
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| No site |

Office Use Only



800298802698

05/12/17--01018--016 **35.00



M. MILLIGAN NAY 18 2017

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: B.E.S.T KIND CLEANIN | |
| | Liability Company) |
| The enclosed member, resignation or dissociatio | on and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to: |
| Ferguson Kind | |
| (Contact Person) | |
| B.E.S.T KIND CLEANING | <u> </u> |
| (Firm/Company) | |
| 3714 Voorne St | • |
| (Address) | |
| Sarasota fl 34234 | |
| (City/State and Zip Code) | , |
| For further information concerning this matter, p | please call: |
| Ferguson Kind at | 330 708-1338 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the ☐ \$25 Filing Fee | e Florida Department of State for: \$55 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)



May 16, 2017

TONYA S. HISSAM B.E.S.T. KIND CLEANING, LLC 3714 VOORNE ST SARASOTA, FL 34234

SUBJECT: B.E.S.T. KIND CLEANING, LLC

Ref. Number: L17000046575

We have received your document for B.E.S.T. KIND CLEANING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 417A00009704



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)

| 2. The Florida docu L1700004657 | ıment/registration numb | ber assigned | to this limited | liability con | npany is: | | |
|--|--|-------------------------------|------------------|----------------|-----------------|-----------|------|
| <u> </u> | mber/manager withdrev | w/resigned o | or will withdra | w/resign is: _ | 5/17/18 | | _ |
| 4. I, Tonya S. Hissam (Print Name of Person Resigning) | | , hereby withdraw/resign as a | | | | | |
| manager | ame of Person Resigning) | | | | | | |
| | (Print Title) | | | | _ | | |
| of this limited lia resignation in wr | bility company and affiriting. | irm the limit | ed liability con | npany has be | en notifie | d of m | у |
| P | J. | Il. | <i></i> | | 経過に | 17 HJ | • |
| Signature of D | ssociating Member or I | Resigning M | lanager | • | ASSVI N.S.VI | MAY 18 | f me |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | C. FLORIL | AM ID: 0. | |