## 117000103137

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: DCommoleial Cleaning (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:				
Liosbel Quimenages Cooperdo				
De commercial Cleaning UC (Firm/Company)				
3200 Old winter Coorden Rd got 2927				
Oceee F/ 3476/ (City/State and Zip Code)				
For further information concerning this matter, please call:				
Lioshe (Quine m fe S at (407) 230 1460 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:  \$\Boxed{\text{\$\subset}\$ \$\\$25 \text{Filing Fee} & Certified Copy}\$\$				

MAILING ADDRESS:

**Division of Corporations** 

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:



## 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 is	t appears on the records o	of the Florida Department
of State is: <u>D</u>	-commexcial	Jeaning L	<u>LC</u>
2. The Florida doc	ument/registration number ass	igned to this limited liabi	lity company is:
<u>L17</u>	000/03/3		, ,
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resi	ign is: <u>///20//</u>
4.1. 405 be	1 Oginonates Jame of Person Resigning)	, hereby withdraw/res	sign as a
MA	1299 . (Prin Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	limited fiability company	has been notified of my
			T
Signature of D	issociating Member or Resigni	ng Manager	N T
Filing Fee:	\$25.00 (Required)		NOV 30
Certified Copy:	\$30.00 (Optional)		्र <b>२ ८</b> ३३३ ७
			: 2 200