

L17000135139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

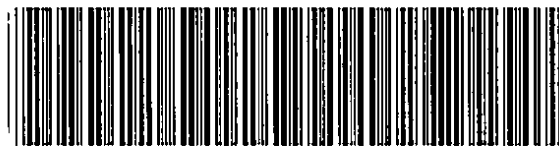
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AUG 01 2017

YES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCD Cleaners LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Wysocki

Name of Person

OCD Cleaners LLC

Firm/Company

281 Chicago woods cir

Address

Orlando, FL 32824

City/State and Zip Code

stephaniewysocki@hotmail.com

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

For further information concerning this matter, please call:

Stephanie Wysocki

Name of Person

321

at ()

Area Code

682-6043

Daytime Telephone Number

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: OCD Cleaners LLC

SECOND: The Florida Document number of the limited liability company is: L17000135139

THIRD: The street address of the limited liability company's principal office is:

281 Chicago woods cir

Orlando, Fl 32824

The mailing address of the limited liability company's principal office is:

281 Chicago woods cir

Orlando, Fl 32824

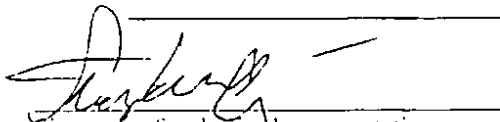
FOURTH: The date the statement of authority became effective is: June 21, 2017

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Stephanie Wysocki


Signature of authorized representative

Stephanie Wysocki

Typed or printed name of signature

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CLERK OF COURT
ALACHUA COUNTY, FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)