

L17000139293

Latrese Webster
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

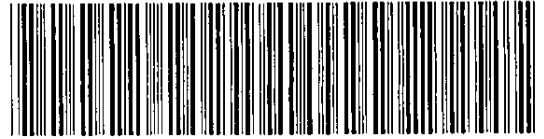
(Business Entity Name)

(Document Number)

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AUG 30 2017
Y. CULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Hands Cleaning Solutions
Name of Limited Liability Company

DOCUMENT NUMBER: L17000139293

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:

Hartree Webber
Name of Person

Superior Hands Cleaning Services
Name of Firm/Company

9499 Courtney Lane
Address

Tallahassee FL 32305
City/State and Zip Code

Tressee1979@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Latrese Webster, hereby resigns as
Name of Registered Agent

Registered Agent for Superior Hands Cleaning Solutions LLC
Name of Limited Liability Company

L17000139293
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Latrese Webster
Typed or Printed Name

Capacity

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TALLAHASSEE, FLORIDA

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