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(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

AUG 04 21

COVER LETTER

Division of Corporations
SUBJECT: Complex Cleaning Services LLC. (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:
Aline Easterly (Control Person) Complex Cleaning Services LLC (Firm/Company)
4908 Raylene voly (Address)
Saint Clara FL-34771 Per 2
For further information concerning this matter, please call:
Aline Easterly at (407) 223-3678 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \frac{\pi}{\pi} \\ \frac{\pi}{\pi} \] \$\Begin{align*} \frac{\pi}{\pi} \\ \frac{\pi}{\pi} \] \$\Begin{align*} \frac{\pi}{\pi} \\ \frac{\pi}{\p
STREET/COURIER ADDRESS: Registration Section Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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 l	limited liability	company as it ap	pears on the rec	ords of the Flori	da Department
of State is:	omplex	Cleaning	Services	LIC	
2. The Florida docu	ment/registration	on number assign	ed to this limited	d liability compa	iny is:
L 170001	62854				
3. The date this mer	mber/manager	withdrew/resigned	l or will withdra	nw/resign is: <u>O</u>	7/27/2018
4.1. Aline E					
<u>CEO</u>	Print Title)				
of this limited liab	•	and affirm the lin	nited liability co	mpany has been	notified of my
	luck asser	M			
Signature of Dis	ssociating Men	bor or Resigning	Manager		
				••	
Filing Fee: Certified Copy:					21 1AL 5
Certified Copy.	350.00 (Opt	aonar)			