117000264221

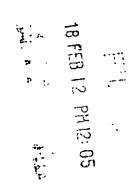
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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O SEMMONS

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divisi	on of Corporations			
SUBJECT:	ANNA'S CLEANING LLC			
SUBJECT: (Name of Limited Liability Company)				
The enclosed	member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
IMPIDUGLI	A, ANNA B			
	(Contact Person)			
ANNA'S CL	EANING LLC			
	(Firm/Company)		_	
43344 hwy	27			
	(Address)	-	_	
Davenport,	FL 33837			
	(City/State and Zip Code)	<u></u>	_	
For further in	formation concerning this mat	er, please call	:	
Anna Impid	uglia	407 at (861-6223	
(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclosed plea □ \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy	
Registration :			MAILING ADDRESS: Registration Section	
Division of C Clifton Build	-		Division of Corporations P.O. Box 6327	
2661 Executi	ve Center Circle Florida 32301		Tallahassee, Florida 32314	



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	s it appears on the records of the Florida D	epartment
of State is:	IA'S CLEANING LLC		·
2. The Florida docu	ument/registration number a	ssigned to this limited liability company is	s:
L1700026422	1	<u> </u>	. 184
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: 2/5/18	F : 15
ALESSANDRO & IMPIDITALIA			
(Print N	lame of Person Resigning)	hereby withdraw/resign as a	17.
MGR			- 443
	(Print Title)		1
of this limited lia resignation in wr		he limited liability company has been notif	fied of my
alessandr	o ampidudia		
Signature of Di	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		