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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, Florida 3230!

CR2E079 (2/14)

SUBJECT: Klean N' CARE LLO (Name of Limited Liability Cor	2
(Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
CARMELA DRHEND (Contact Person)	_
(Contact Person)	
KleAN N' CARELLC (Firm/Company)	_
(гиписотралу)	
9066 W. ATLANTIC 6/Ud. # 427 (Address)	_ \
CORAL SPRINGS FL. 33071 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
CARMEIA ORMENO at (954) (Name of Contact Person) (Area Code	, 982 - 5559
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$25 Filing Fee \$25 Filing Fee	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	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)

_	nited liability company as it appears on the records of the Florida Department	
2.18000 3. The date this members. 4. I. Movica (Print Name) MGR (Print Name) Of this limited liabil resignation in writing the second of t	cent/registration number assigned to this limited liability company is: 040082 Decr/manager withdrew/resigned or will withdraw/resign is: CHAPAARO hereby withdraw/resign as a of Person Resigning) int Title) ity company and affirm the limited liability company has been notified of my light solutions. Leading Member or Resigning Manager	FILED
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	