

L18 0000 40082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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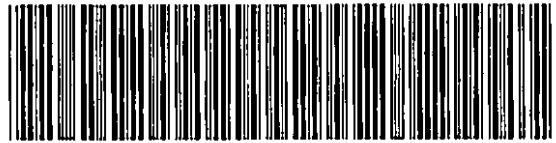
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Klean N' Care LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 180 00040082

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:

CARNEIA ORMENO
Name of Person

Klean N' Care
Name of Firm/Company

9066 W ATLANTIC Blvd 427
Address

Coral Springs FL 33071
City/State and Zip Code

Veralu0304@1cloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARNEIA Ormeno at (954) 982-5559
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

LUIS ORMENO

Name of Registered Agent

hereby resigns as

Registered Agent for

Klean N' Care LLC

Name of Limited Liability Company

L18000040082

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:

LUIS ORMENO

Typed or Printed Name

Capacity

2018 MAY 1 PM 12:03
TALLAHASSEE, FLORIDA
FILED

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withdrawn limited liability company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