L18000076446

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				

Office Use Only



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10/28/24--01012--009 **28.00



COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Castillo Professional Cleaning Services			
(Name of Limite	ed Liability Co	empany)	
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to:	:	
Maria Castillo			
(Contact Person)		_	
		_	
(Firm/Company)			
1253 Four Seasons Blvd		May out 28	
(Address)			
Tampa, FL 33613			
(City/State and Zip Code)			
For further information concerning this matter	r, please call	l:	
Maria Castillo	862 at (279-8897	
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)	
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy	
Mailing Address:		Street Address:	
	Registration Section Registration Section Division of Corporations Division of Corporation		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



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)

Caetill	limited liability company as it lo Professional Cleaning Services L	t appears on the records of the Florida Department
2. The Florida docu	ument/registration number ass	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	gned or will withdraw/resign is: 9/24/24
		, hereby withdraw/resign as a
Duet Ourner A	0 . 0 / 1.11	
of this limited lia resignation in wr	bility company and affirm the	limited liability company has been notified of my
Why!	all	
Signature of D	issociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	