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

| Division of Corporations | | |
|---|-----------|-------|
| SUBJECT: X-STREAM KLEEN POWER WASHING, 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: | | |
| SUDITH COTTONELLO (Contact Person) | | |
| (Firm/Company) 597 BILLIE COURT (Address) | | |
| SANTA MARIA CA 93455 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | 3 | |
| Name of Contact Person) at (813) 362-4600 (Area Code & Daytime Telephone Number) | | 1 |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2}\$\$ \$\frac{1}{2}\$\$ Filing Fee & Certified Copy | 64 id: U3 | 等 经存货 |
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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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 it appears on the records of the Florida Department |
|---|
| of State is: X STREAM KLEEN POWER WASHING, LLC |
| 2. The Florida document/registration number assigned to this limited liability company is: |
| L18cc0182683 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/30/18 |
| 4. I. SUDITH LOTTONECLO hereby withdraw/resign as a (Print Name of Person Resigning) |
| MANAGER (Print Title) |
| of this limited liability company and affirm the limited liability company has been notified opmy resignation in writing. |
| Jadal X Ottonello |
| Signature of Dissociating Member or Resigning Manager |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)