L18000 212815

(Requestor's Name)
(Address)
(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:
Special instructions to Filing Officer.

Office Use Only



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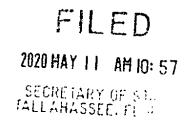
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COVER LETTER

TO: Registration Section Division of Corporations		•
Division of Corporations		
Greenleaf Pro Clean, LLC SUBJECT:		
(Nam	ne of Limited Liability Co	mpany)
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.
Please return all correspondence cond	cerning this matter to:	:
Janice Lanzo		
(Contact Person)		
Greenleaf Pro Clean, LLC		
(Firm/Company)		_
315 Shadow Ridge Dr		
(Address)		
Davenport, Florida 33897		
(City/State and Zip Coo	ie)	
For further information concerning th	nis matter, please call:	:
Janice Lanzo	321 at (437-8594
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made page	ayable to the Florida	Department of State for:
■ \$25 Filing Fee		g Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section Division of Corporations
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)

	limited liability company as it appears on the records of the Florida Department leaf Pro Clean, LLC
2. The Florida doc L1800021285	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Doris E Menend	
Authorized Repre	
of this limited lia resignation in wi	
Signature of D	ssociating Member or Resigning Manager
_/	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)