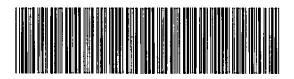
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(Red	questor's Name)			
(Add	dress)			
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PICK-UP	WAIT	MAIL		
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APR 23 2019 T SCHROEDER

COVER LETTER

SUBJECT: Name of Limited Liability Company				
DOCUMENT NUMBER: 48000292416				
DOCUMENT NUMBER: 9 100000 12910				
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:				
Danien Coulon Name of Person				
Name of Firm/Company				
518 SW 1811 C+ Address	·			
FUY + 2 audlyddle, FL 33315 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (Ar	254 309 2878 ea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:	STREET ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Sta	atutes, the undersigned	,
_ Damier	Name of Registered Agent	, hereby	y resigns as
Registered Agent for	Dirty to	clean,	LL (
······································	Name of Limited Liability C	Company	· · · · · · · · · · · · · · · · · · ·
L 1800 (2020) 2 Document Num	DET. if known was mailed to the above listed l	limited liability compar	ny at its last known address.
The agency is terminated	and the office discontinued on the	he 31st day after the da	te on which this statement is filed.
-	Danka	M (C) Resigning Agent	h
If signing on behalf of an	entity:		7
-	Typed or Printed	l Name	FIL 19 APR 15 SECKETARY ALL AHASSE
-	Capacity		LED 5 PH 1: \$0 3Y OF STATE SEE, FLORIDA
	FILING FEES: \$ 85.00 Active lim	nited liability company	<i>Γ</i>

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company