

L190000 69706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

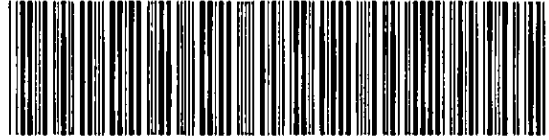
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200330347432

06/26/19--01007--043 **110.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN 26 PM 3:57

RA Resignation

JUL 09 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2M CLEANERS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000069706

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:

NINOTCHKA HECHT
Name of Person

FAST FILING SERVICES
Name of Firm/Company

10544 NW 26TH ST STE E-204
Address

DORAL FL 33172
City/State and Zip Code

fastfilingservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ninotchka Hecht at (786) 762-2048
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 JUN 26 PM 3:57

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

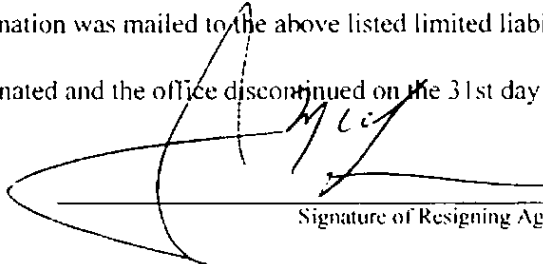
MCLEAN, ANTHONY, hereby resigns as
Name of Registered Agent

Registered Agent for 2M CLEANERS LLC
Name of Limited Liability Company

L19000069706
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 of Resigning Agent

If signing on behalf of an entity:

MCLEAN, ANTHONY
Typed or Printed Name
Capacity

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN 26 PM 3:57