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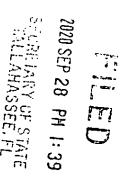
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COVER LETTER

Division of Corporations SUBJECT: ______ Name of Limited Liability Company DOCUMENT NUMBER: L19000073855 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: United States Corporation Agents, Inc. Name of Person LegalZoom.com, Inc. Name of Firm/Company 101 North Brand Blvd, 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joyce Yi Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605,0115.	Florida Statutes, the unde	rsigned.			
United States Corporation Agents, Inc.		, hereby resigns as				
Name of Registered Agent						
Registered Agent for M	INO CLEANING SE	ERVICES LLC				_
	Name of Limite	d Liability Company				 .
L19000073855						
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the abo	ove listed limited liability	company at its las	t known	addres	is.
If signing on behalf of a	S	inued on the 31st day after Signature of Resigning Agent	The date on which	LALLAN OREIAR	2020 SEP 28	CONT. Sarry
	Турс	ed or Printed Name		ASSEI		
	Asst. Secretary for Uni	ted States Corporation Ag Capacity	ents, Inc.	OF STATE	PM 1: 39	Ö
	\$ 25.00	EES: Active limited liability co Administratively dissolve withdrawn limited liabili	:d/ voluntarily dis	solved/		

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

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