

L19000088240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

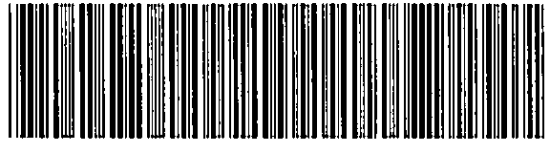
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Can't be used to resign
as r/a

Office Use Only



500342761265

05/12/20--01010--021 **60.00

04/09/20--01005--022 **25.00

20201211-6 AM 7:30

R. WHITE
REC 10 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAY - 1 10:11

April 21, 2020

TANYA M. HILL
1708 LOUISIANA AVE
PANAMA CITY, FL 32405

SUBJECT: SOFRESH CLEANING SERVICE, LLC
Ref. Number: L19000088240

We have received your document for SOFRESH CLEANING SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The statement of dissociation of member, manager cannot be used to resign as registered agent. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 020A00008323

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Dalton Weekes _____, hereby resigns as
Name of Registered Agent

Registered Agent for SoFresh Cleaning Service, LLC

Name of Limited Liability Company

L1900088240

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.

D Weekes

Signature of Resigning Agent

If signing on behalf of an entity:

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withdrawn limited liability company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 pay able to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

202011-6 PM 7:30