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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : A1A REGISTERED AGENT INC. Account Number : 120090000032 Phone : (561)792-2236 Fax Number : (561)202-8082 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:__ LLC REGISTERED AGENT RESIGNATION CITY MOBILE DRY CLEANING & LAUNDRY LLC

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T. LEMIEUX

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	1115, Fiorida Statutes, the under	rsigned,
ATA REGISTERED AGENT INC.		, hereby resigns as
Name of Registered /	Agon:	-
Registered Agent for CITY MOBILE DRY	CLEANING & LAUNDRY LLC	
Name of I	Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L19000175296		
Document Number, if known		
A copy of this resignation was mailed to th	ne above listed limited liability (company at its last known address.
The agency is terminated and the office dis	scontinued on the 31st day after	the date on which this statement is filed.
Jina	Mala Signature of Resigning Agen:	
If signing on behalf of an entity:		20
TINA MAKI		2024 APTS
DP	Typed or Printed Name	
	Capacity	
		<u> </u>
		9:
FILIN \$ 85.00 \$ 25.00		mpany d/ voluntarily dissolved/ ty company

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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