L20 0000 10558

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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COVER LETTER

Division of Corporations
SUBJECT: L Squared Cleaning Services (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Luis C. Martinez (Contact Person)
L Squared Cleaning Services (Firm/Company)
13605 Messina Loop Unit 204
Lakewood Ranch, FL 34211 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it a	ppears on the records of the Florida Department
of State is:	Squared Cleaning Se	rvices LLC
2. The Florida docu	ıment/registration number assigi	ned to this limited liability company is:
LZOCCOC	010558	:
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is: 1/1/20
4. I, Liliana (Prim No	Buchelli Jame of Person Resigning)	_, hereby withdraw/resign as a
	(Print Title)	
resignation in wri		nited liability company has been notified of my Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	