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COVER LETTER

	sistration Section ision of Corporations	şt	, si	
SUBJECT	AB CLEANING SOLUTION SEE	RVICES LLC		
Soboler		imited Liability Co	mpany)	-
The enclose	ed member, resignation or disse	ociation and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerni	ng this matter to:	:	
Zoran Pajkan	ovíc			
	(Contact Person)			
Our Bookkee	epers Inc			
	(Firm/Company)			
13500 Beach	Blvd Ste 45			
	(Address)			
Jacksonville,	Fl. 32224			13 122
	(City/State and Zip Code)			
For further	information concerning this m	atter, please call	:	13 37 E
Zoran Pajkar	novic	904 at (425-1238	Mil: 18
	Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)	- 10 E
Enclosed p □ \$25 Fili	lease find a check made payab ng Fee		Department of State for: ng Fee & Certified Copy	₹: -
<u>Mai</u>	iling Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

The Florida document/registration number assigned	d to this limited liability company is:
L20000067007	
The date this member/manager withdrew/resigned	or will withdraw/resign is:
JOHNSON, DEVETTE COOK	hereby withdraw/resign as a
(Print Name of Person Resigning)	
Manager	<u>د</u> مرح
(Print Title)	
f this limited liability company and affirm the limit esignation in writing.	to ted liability company has been notified of
12	 ও

Certified Copy:

Filing Fee:

\$25.00 (Required) \$30.00 (Optional)