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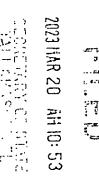
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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JUN 01 2023 D CUSHING

COVER LETTER

SUBJECT: THOROUGH CLEANING LLC	ne of Limited Liabili	ty Company	<u> </u>
DOCUMENT NUMBER: 1.2000013502		ty Company	
The enclosed Resignation of Registered for filing.		ed Liability Compan	y and fee are submitted
Please return all correspondence conce	rning this matter to	the following:	
Ryan Potter			
Name of Person			
ZenBusiness Inc.			
Name of Firm/Compa	ny		
336 E. College Ave. Suite 301			
Address	···		
Tallahassee, FL 32301			20
City/State and Zip Co	de		FINE TAIL
ra@zenbusiness.com			R R
E-mail address: (to be used for future ann	nual report notification))	چېور (⊸`ر
For further information concerning this	matter, please call	:	
Ryan Potter	844 at (493-6249	0. 5.
Name of Person	Area Cod	le Daytime Telephon	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	1115. Florida Statutes, the un	dersigned,	
REGISTERED AGENTS INC.		, hereby resigns as	
Name of Registered /	Agent	•	
Registered Agent for			
THOROUGH CLEANING LLC			
Name of	Limited Liability Company		*
1.20000135025			
Document Number, if known			
A copy of this resignation was mailed to the	ne above fisted fimited fiabili	ty company at its last known ad-	dress.
The agency is terminated and the office dis	scontinued on the 31st day a	fter the date on which this staten	nent is filed.
	Owld Sperts Signature of Resigning Ager	- nt	
If signing on behalf of an entity:		40	~ 3
Registered Agents	Inc. by David Roberts	i i i i i i i i i i i i i i i i i i i	
	Typed or Printed Name		
Assistant Secretary	y		√ .e. =
	Capacity		-traffic
		(,	
		•	<u> </u>
FILIN \$ 85.00	G FEES:	company	1 5
\$ 25.00	O Administratively disso withdrawn limited liab	company lved/ voluntarily dissolved/ pility company	

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