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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations				
SHRI	PK's Cleaning Service, LLC				
50 D 6	Name of Limited Liability Company				
Dear :	Sir or Madam:				
The e	nclosed Statement of Termination	and fee(s) are submi-	tted for filing.		
Please	e return all correspondence concer	ning this matter to the	e following:		
Pamel	a K. Snyder				
	Name of Person				
PK's C	leaning Service, LLC				
	Firm/Company				
6629 F	rank Reeder Rd				
	Address				
Pensac	cola FL 32526				
	City/State and Zip Code				
E-ma	ail address: (to be used for future a	annual report notifica	tion)		
For fu	orther information concerning this	matter, please call:			
Pamel	a Snyder	at (850	512-0578		
	Name of Person		Daytime Telephone Number		
	Mailing Address:	Š	Street Address:		
	Registration Section	Ī	Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314	2	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination: FIRST: The name of the limited liability company is: PK's Cleaning Service, LLC				
SECOND: The Florida Document number	of the limited liability company is: L2000016	57581		
THIRD: The date of filing of the initial arti	cles of organization is:			
FOURTH: The date of filing of the dissolu	tion is: 01/16/2021			
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affa	urs and has determined		
	Pamela K. Snyder Typed or printed name of signature			
	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	2021 HAR 29 PH TALLARASA EA		