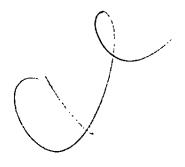
L20 000240314

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





700396453237



COVER LETTER

Registration Section Division of Corporations jamani cleaning services LLC Name of Limited Liability Company DOCUMENT NUMBER: L20000240314 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Daytime Telephone Number

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the undersi	igned.
United States Corp	ooration Agents, Inc.	hereby resigns as
Name of Registered Agent		10.00, 100.g.10 to
Registered Agent for $\frac{\mathbf{j}}{2}$	amani cleaning services LLC	
	Name of Limited Liability Company	·
L20000240314		
Document N	lumber, if known	3 88
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known ad ss.
The agency is terminat	ed and the office discontinued on the 31st day after t	ω [−]
	Signature of Resigning Agent	OF STATE
If signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ager	nts, Inc.
	Capacity	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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