## 120000293929

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





000440716780

12/09/24--01018--008 \*\*55.00

JAN 17 S. PRATI

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Greene Cleaning Pros LLC (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:
LeeAnn Schaad (Contact Person)
Greene Cleaning Pros
547 Brookfield Dr.
Largo, FL. 3377) (City/State and Zip Code)
For further information concerning this matter, please call:
LeeAnn Schaad at (727) 639-006 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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)

1. The name of the	limited liability company as	it appears on	the records of	the Florida Depar	tment
of State is:	reene Clean	ning	Pros	LLC	<u> </u>
2. The Florida docu	ment/registration number as:	signed to this	limited liabili	ty company is:	
L2000	0293929	·			
3. The date this me	mber/manager withdrew/resi	gned or will	withdraw/resig	m is: 12 31	<u> 24</u>
4.1. Nichol	6-22		withdraw/resi	•	
AMBR	- Co-owner				
of this limited lia resignation in ver	pility company and affirm the	: limited liab	ility company	has been notified o	of my
	Si			;-	5024 C
Signature of Di	ssociating Member or Resign	ing Manager			PEC -
				•	က်
Filing Fee:	\$25.00 (Required)			•	= :
Certified Copy:	\$30.00 (Optional)			:	<del></del>