

1200000312003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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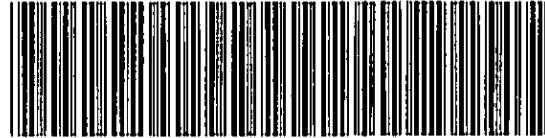
(Business Entity Name)

(Document Number)

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S. YOUNG

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A & A Total Cleaning Services LLC.  
Name of Limited Liability Company

DOCUMENT NUMBER: L2000000312003

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:

Amber Taylor  
Name of Person

A & A Total Cleaning Services LLC.  
Name of Firm/Company

7066 74th Street Cir E  
Address

Bradenton FL 34203  
City/State and Zip Code

ambernt17@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Taylor at ( 941 ) 348-9170  
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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 605.0115, Florida Statutes, the undersigned.

Amber N. Taylor

Name of Registered Agent

, hereby resigns as

Registered Agent for

A & A Total Cleaning Services LLC.

Name of Limited Liability Company

L2000000312003

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Ante

Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

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