## L21 000053733

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE
TALLAHASSES

## **COVER LETTER**

_	stration Section sion of Corporations					
SUBJECT:	Kleenworx, LLC					
.,, 6,,,,, 1.	(Name of	(Name of Limited Liability Company)				
The enclose	d member, resignation or dis	ssociatio	n and fee	e(s) are submitted for filing.		
Please return	n all correspondence concert	ning this	matter to	0:		
Joshua Burfitt	ı					
	(Contact Person)			<del></del>		
Kleenworx, L	LC					
	(Firm Company)			<del></del>		
4413 Soundsie	de Dr					
	(Address)	· · · ·		<del></del>		
Gulf Breeze, l	FL 32563					
	(City State and Zip Code)			<del></del>		
For further i	information concerning this	matter, p	dease cal	11:		
Josh Burfitt		at ·	512	983-3344		
(3)	Name of Contact Person)		(Area Co	ode & Daytime Telephone Number)		
Enclosed pl	ease find a check made paya	ble to th	e Elorida	a Department of State for:		
□ \$25 Filin	ng Fee	Ľ	\$55 Fili	ing Fee & Certified Copy		
	ing Address:			Street Address:		
_	istration Section			Registration Section Division of Corporations		
	sion of Corporations Box 6327			The Centre of Tallahassee		
	ahassee, FL 32314			2415 N. Monroe Street, Suite 810		
				Tallahassee, FL 32303		



## 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)

	limited liability company a	s it appears on the records of	the Florida Department
2. The Florida docu L21000053733	ament/registration number a	assigned to this limited liabilit	y company is:
3. The date this me	mber/manager withdrew-res	signed or will withdraw/resign	2/1/2021 n is:
4. L. David Barker (Print Name of Person Resigning)		, hereby withdraw/resig	gn as a
Authorized Meml			
	(Print Tule)		
of this limited lia resignation in wr		he limited liability company l	nas been notified of my
a Defice	_		
Signature of D	issociating Member or Resig	gning Manager	202 SEC
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		RETARY OF