k21 0000 75202

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dr	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



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04/19/21--01032--013 **56.00



COVER LETTER

TO: Registration Section	
Division of Corporations	1 . ^
SUBJECT: Come Clean AWN (Name of Limited Liability)	CAPE, LLC Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Johnny Joseph (Contact Person)	
LOME CHEM (Awn CAre, La (Pirm/Company)	<u>'L</u>
9936 Windermere Cal	Le Dr. 304
RWIND, FL 335	<u> 78</u>
For further information concerning this matter, please of	call:
Johnny Toseph 31,46	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori ☐ \$25 Filing Fee ☐ \$55 F	da Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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 l	imited liability compan	y as it ap	pears on the	records of the	Florida De	partmen	nt
of State is:	ome Clean L	AWN	CARE	, LLC			
2. The Florida docu	ment/registration numb	er assign	ed to this lim	ited liability o	company is:		
	075202		_•				
2 (2)	mber/manager withdrew	drociane.	Lor will with	adraw/resion i	3-1	-21	
3. The date this mer	nner/manager withutew	mesigned	i Ol Will Witt	idiamiesign i	. <u> </u>		
4.1 Shern	I'M K. ITLUL	10KE	, hereby with	hdraw/resign a	as a		
Λ (Print No	une of Person Resigning)						
VULANA	jer	·					
——	Print Title)				Z:	2021	
	oility company and affir	m the lin	nited liability	company has	been hotifi	of m	Уį
resignation in wri	ting. /				55	R -	
// 1	(V_{I})				육구	19	!
Shenn	n header	DC_			رب در استان رس در	MI: 47	
Signature of Di	ssociating Member or F	Cesigning	Manager		ORIC	 <u>=</u> _1	
					5	-	
Filing Fee:	\$25.00 (Required)						
Certified Copy:	\$30.00 (Optional)						



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)

	mited liability company as			Departi	ment
WIDDE	nent/registration number a	·))
4. 1, <u>Sheru</u>	ober/manager withdrew/re	signed or will withdraw , hereby withdra	w/resign is: <u>5</u> *	1_0	<u>() </u>
	Print Title) Ility company and affirm t	he limited liability cor	mpany has been no	tified o	of my
resignation in writ	m. Mandorm	A	TALLA	2021 APR 19	
Signature of Dis Filing Fee: Certified Copy:	sociating Member or Resi \$25.00 (Required) \$30.00 (Optional)	gning Manager	HASSEF, FLORIDA	R 19 AM 11: 48	