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A. RIVERS
MAR 1 3 2023



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## **COVER LETTER**

TO: Registration Section	•
Division of Corporations	
SUBJECT: Kleanout Kings, LLC	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Allyson Dedic	
(Contact Person)	
Kleanout Kings	
(Firm/Company)	
1968 SW 17th St	
(Address)	
Boca Raton, FI. 33486	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
James Stinsman	561 445-3689 at ( )
(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 Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, 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)

	e limited liability company nout Kings. LLC	as it appears on the records o	f the Florida Department
2. The Florida doc L21000223431	ument/registration number	assigned to this limited liabil	ity company is:
3. The date this me	-	resigned or will withdraw/resigned	
(Print N	lame of Person Resigning) (Print Title)	, hereby withdraw/resi	ign as a
	bility company and affirm	the limited liability company	
Signature of <b>D</b>	issociating Member or Res	igning Manager	13 lo: 23
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
$\frac{1}{2} \frac{1}{2} \frac{N_{\rm tot} + N_{\rm tot}}{N_{\rm tot}} = \frac{1}{2} \frac{N_{\rm tot}}{N_{\rm tot}} = \frac{1}$			