L21000254311

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

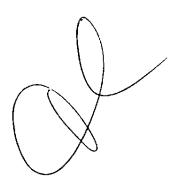




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2022 NOV 15 AH 10: 48



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L21000254311	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Chelsea Chapman	
Name of Person	-
Legaline Corporate Services, INC.	
Name of Firm/Company	-
10601 Clarence Dr Ste 250	
Address	-
Frisco, TX 75033-3867	₩ №
City/State and Zip Code	1821
ra@legalinc.com	2022 NOV 15
E-mail address: (to be used for future annual report notification)	5 5
For further information concerning this matter, please call:	
Chelsca Chapman 844 at (386-0178 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115, F	Torida Statutes, the under	rigned,	
Legaline Corporate Services, INC.			, hereby resigns as	
Name of Registered Agent				
Registered Agent for A	FFORDABLE CLEANING	G ENTERPRISES LLC		
	Name of Limited	Liability Company	·	
L21000254311				
Document N	umber, if known	_		
A copy of this resignati	on was mailed to the abov	ve listed limited liability of	company at its last known address.	
The agency is terminate	ed and the office discontin	ued on the 31st day after	the date on which this statement is filed.	
	Chellon	gnature of Resigning Agent	9h_	
If signing on behalf of a	an entity:			
	Chelsea Chapman			
	Typed	l or Printed Name		
	On Behalf of Legaline Co	orporate Services, INC.	202	
		Capacity		
	FILING FEI © \$ 85.00 A © \$ 25.00 A	ES: ctive limited liability co dministratively dissolve vithdrawn limited liabilit	mpany d/ voluntarily dissolved/ ty company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314