L21000494095

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| (Requestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | |
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| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies | Certificates | of Status | |
| Certified Copies | | | |
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| Special Instructions to | Filing Officer: | | |
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Office Use Only



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DECEMBER 17 AMIL: 22

A. RIVERS
APR 3 0 2023

COVER LETTER

SUBJECT: ThomsonPro Cleaning LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000494095

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:

Registration Section Division of Corporations

TO:

| inductive and controlled controlling and matter to the following. |
|--|
| Inited States Corporation Agents, Inc. |
| Name of Person |
| egalzoom.com, Inc. |
| Name of Firm/Company |
| 900 Spectrum Dr. |
| Address |
| sustin, TX 78717 |
| City/State and Zip Code |
| aresignations@legalzoom.com |
| E-mail address: (to be used for future annual report notification) |
| or further information concerning this matter, please call: |
| 800 773-0888 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ons of section 605.0115. Florida Statutes. | the undersigned, |
|--|--|---|
| United States Corporation Agents, Inc. | | , hereby resigns as |
| Name of Registered Agent | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Registered Agent for | ThomsonPro Cleaning LLC | |
| | Name of Limited Liability Company | |
| L21000494095 | | |
| Document N | lumber, if known | |
| | | day after the date on which this statement is filed |
| If signing on behalf of | c c | g Agent Property 22 |
| | Typed or Printed Name | |
| | Asst. Secretary for United States Corpo | ration Agents, Inc. |
| | 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