121000500619

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<u> </u>
(Oil	y/Otate/Zip/i nom	c ")
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Cleaning Pensacola LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000500619	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	•
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	s of section 605.0115	5. Florida Statutes, the unde	rsigned,			
Name of Registered Agent		_ , hereby resigns as				
Registered Agent for Cl	eaning Pensacola	LLC			·	
	Name of Limi	ited Liability Company			_	 ·
L21000500619						
Document Nu	mber, if known					
A copy of this resignatio	n was mailed to the a	bove listed limited liability	company at its las	st known	addres	SS.
The agency is terminated	i and the office disco	ntinued on the 31st day afte	r the date on whic	h this sta	temen	t is filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:			•	7ú2	
Cheyenne Moseley				33.37		
	T	yped or Printed Name			(S) (2)	
	Asst. Secretary for U	Inited States Corporation Ag	gents, Inc.	× 20	ထိ	
		Capacity		SC:	7	}
				F.F.	AH 8: 13	
				TIE	$\overline{\omega}$	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ed/ voluntarily di	ssolved/		

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