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(Requestor's Name)						
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Above So Below Window Cleaning LL (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JASOM MOHM (Contact Person)
Above So Below Window Cleaning LLC (Firm/Company)
3422 Picciola Cutoff RD
Fruithal PARK FL 34731 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (35 Z) 643 - 005 Z (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Bigsquare \\$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, 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)

1. The name of the li	· ·	• •	-		•		
of State is: Ab	10 4C SO	Below	W. MOONN	Cleaning	<u>L</u>	<u>- C</u>	
2. The Florida docum	nent/registration	number assigne	ed to this limited	iability compar	ıy is:		
L210005					,		
3. The date this mem	iber/manager wit	hdrew/resigned	or will withdraw	/resign is: 5/	4/2	<u>Z</u>	
and the different control of the con					-		
4.1. Frank (Print Nan	SWELMCY	•	. hereby withdray	v/resign as a			
(Print Nan	ne of Person Resign	ing)	· •	C			
	GR rint Title)	·					
of this limited liabi resignation in writi	-	l affirm the lim	ited liability com	pany has been n	otified	of my	.'
from 1	Sucre	1					
Signature of Diss	sociating Membe	r or Resigning	Manager		FALL	2022 MAY	
					LL VIIVE I	<u></u>	
Filing Fee: Certified Copy:	\$25.00 (Requir	red)			283	-≺ !	
Certified Copy:	\$30.00 (Option	nal)			[H-:	9	,
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