422000081508

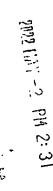
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
, ,
Certified Copies Certificates of Status
Continue copies
Special Instructions to Filing Officer:

Office Use Only



700386432387

05/02/22--01041--000 ••25.0/



K

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tidy Beau	ers Cleaning Service LLC. ame of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to:
Suzume Field (Contact Person)	25
Tidy Beavers Cle (Firm/Company)	aning Service LLC.
3513 S. Central (Address)	Ave.
Flagler Beach F (City/State and Zip (1. 3213(p
For further information concerning	this matter, please call:
Suzume Fields. (Name of Contact Person)	at (305) 345-5583. (Area Code & Daytime Telephone Number)
Enclosed please find a check made \$25 Filing Fee	payable to the Florida Department of State for: \$\sum \\$55 \text{Filing Fee & Certified Copy}\$
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



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 l	imited liability company as it appears on the rec	ords of the Florida Department
of State is:	dy Beaver's Cleaning Se	Nice ILC.
2. The Florida docu	nent/registration number assigned to this limited	l liability company is:
1220000	81508	
3. The date this men	nber/manager withdrew/resigned or will withdra	w/resign is: <u>2-18-20</u> 2
4. I, <u>Jenin</u> Print Na	ne of Person Resigning), hereby withdra	aw/resign as a
MG	R (Manager).	
of this limited liab resignation in writ	ility company and affirm the limited liability coning.	mpany has been notified of my
	sociating Member or Resigning Manager	54 8 6 au 8
Signature of Dis	Sociating Memory of Actor grand Control of the Cont	·
Filing Fee:	\$25.00 (Required)	72
Certified Copy:	\$30.00 (Optional)	2: