## L22000349388

(Requestor's Name)				
(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:				
will				
Office Use Only				



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## COVER LETTER

TQ: Registration Section Division of Corporations

SUBJECT: Precision the Perfect Clean	aning L.L.C.
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000349388	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Division of Corporations
Clifton Building
2661 Executive Center Circle

STREET ADDRESS:

Registration Section

Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 605.0115, Florida Stat	utes, the undersigned.	
United States Corporation .	Agents, Inc.	, hereby resigns as	
	legistered Agent		
Registered Agent for Precision	the Perfect Cleaning	L.L.C.	
	Name of Limited Liability Co.	Window.	<del></del> ,
	Name of Elithica Elability Col	працу	
L22000349388			
Document Number, if kno	)WT		
A copy of this resignation was ma	iled to the above listed lin	nited liability company at its last kno	own address.
The agency is terminated and the	office discontinued on the	31st day after the date on which this	s statement is filed.
	Signature of Re	signing Agent	
If signing on behalf of an entity:			
Cheye	nne Moseley		
<del></del>	Typed or Printed N	ame	7 ~
Asst. Se	cretary for United States C	orporation Agents, Inc.	2023
<del></del>	Capacity		2023 HOY
			42 co
	FILING FEES: \$ 85.00 Active limit \$ 25.00 Administrat withdrawn	ed liability company ively dissolved/ voluntarily dissolve limited liability company	MI 9: 23

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

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