L22000369212

(Requestor's Name)				
(Address)				
(Address)				
(1837535)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasiness Like, Name,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				

Office Use Only



600430172886

M 12/102 - 1/10 - 1/10 - \$42 , 1/2

2024 MAY 21 PH 12: 27

COVER LETTER

Division of Corporations F & J Cleaning Services LLC SUBJECT: (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: Tammy Smith (Contact Person) F & J Cleaning Services LLC (Firm/Company) 1481 West 35th Street (Address) Riviera Beach, Florida 33404 (City/State and Zip Code) For further information concerning this matter, please call: Tammy Smith (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy S25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:

Registration Section



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)

	limited liability company as Cleaning Services LLC	s it appears on the records o	f the Florida Department	
2. The Florida doc	ument/registration number as	ssigned to this limited liabil	ity company is:	
L22000369212				
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resi	95/07/2024 gn is:	
I C				
4. 1	lame of Person Resigning)	, hereby withtitawiresi	ign as a	
Manger				
 	(Print Title)			
of this limited lia resignation in wr	bility company and affirm theiting.	ne limited liability company	has been notified of my	
Signature of D	issociating Member or Resig	ning Manager	FIL 2024 MAY 21 SLOGG FAR TALLAHASS	
Filing Fee	\$25.00 (Required)		AHA A	
	\$30.00 (Optional)		LED 21 PHI2: ARY OF STA	