L22000410150

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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A. RIVERS FEB 1 5 2023



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DMBs almost Common Commission Co.

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2022 1:07 29 PH 3: 46

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Anexina 's Cleaning LLC	
Name of Limited	Liability Company
DOCUMENT NUMBER: L22000410150	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	tter to the following:
MARIAH ESTERS-RIMMER	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza Ste 1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
sanezina@gmail.com	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, pleas	se call:
MARIAH ESTERS-RIMMER 888	534-3018
Name of Person Are	ea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the	undersigned,	
LEGALCORP SOLUTIONS, LLC Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company	<u> </u>	
L22000410150			
Document No	umber, if known		
	on was mailed to the above listed limited lial and the office discontinued on the 31st day	y after the date on which this statement is file	led.
	Signature of Resigning A		
If signing on behalf of a	in entity:		•
	Travis Crabtree	: · · · · · · · · · · · · · · · · · · ·	`
	Typed or Printed Name		
	Member		

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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