L22-000 452938

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





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2023 AUG 17 AH 8: 25

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Super Class Cleaning & Home	Improvements LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000452938	
The enclosed Resignation of Registered Agent for a Limited for filing.	Hability Company and fee are submitted
Please return all correspondence concerning this matter to the	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	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	5, Florida Statutes, the unde	rsigned,			
United States Corporation Agents, Inc.			, hereby resigns a	s		
	Name of Registered Age		, mereographic a			
Registered Agent for S	Super Class Clear	ing & Home Improveme	ents LLC			_
	NI CI	2. 11. 12. 0				.•
	Name of Lin	nited Liability Company				
L22000452938						
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed limited liability	company at its las	it known :	address.	
The agency is terminate	ed and the office disco	ontinued on the 31st day after	r the date on whic	h this stat	tement is	s filed.
		Signature of Resigning Agent				
If signing on behalf of a	an entity:					
	Cheyenne Mose	eley				
	"1	yped or Printed Name			2	
	Asst. Secretary for t	United States Corporation Ag	ents, Inc.	<u> </u>	023	
		Capacity		5.03	AUG	
				TALLÄHASSEC	2023 AUG 17	:
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ed/ voluntarily dis	-	AM 8: 25	

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