L23000364510

(Address) (Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
C DICK HD C MAIT C MAII
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000421076310

01/05/24--01015--001 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lets Get It Clean (Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	SECUL JAN -5
Tray W. Thomas JR (Contact Person)	
(Firm/Company)	THE SECOND
622 Buckley Strut	
FOSTOVICI, DH 44830 (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Tracy W. Thomas Jr at (410) (Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fi	la Department of State for: ling Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 limited liability company as it appears on the records of the Elorida Department
of State is: Lets Get It Clean Outs LLC EB &
2. The Florida document/registration number assigned to this limited liability company is:
L23000364510
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-29-2023
4. I, Tracy William Thomas JR, hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in pariting.
1 de la companya della companya dell
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)
Certified Copy. \$50.00 (Optional)