L23000441910

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Laquebarre Cleaning (Name of Limited Liability Co.)	Services ILC
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Torge Luis Silva Pena. (Contact Person)	_
Laquebarre Cleaning Services (Firm/Company)	<u>1</u> LC
7200 NW, 179 th St (Address)	_
Hia Leah FL, 33015 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Ramon Cabot Pena at (580 (Area Code	. & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I XI \$25 Filing Fee \$\sigma\$ \$55 Filing	Department of State for: g Fee & Certified Copy
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



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 ap	opears on the reco	ords of the Flo	rida Depa	artment
of State is:	aqueharre Cleaning	Services	ILC	<u> </u>	·
2. The Florida doci	ument/registration number assign	ed to this limited	liability comp	oany is:	
<u> 1230</u>	00441910	•			
3. The date this me	mber/manager withdrew/resigned	d or will withdray	v/resign is:	10/27/0	2023
4. I, <u>Jorge</u> (Print N	Luis Silva Pena Jame of Person Resigning)	, hereby withdraw	w/resign as a		
<u> </u>	G C (Print Title)				
of this limited lial resignation in wr	bility company and affirm the lin	nited liability com			
	dita			2023 HO	6.
Signature of Di	ssociating Member or Resigning	Manager		9- /	
•	\$25.00 (Required)			2023 HOY -6 PH 1:1	
Certified Copy:	\$30.00 (Optional)				