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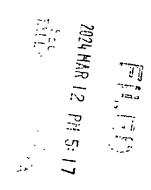
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
11100110
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03/12/24--01005--024 **55.00



COVER LETTER

Division of Corporations	
SUBJECT: One Stot Gen Ch	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Aitza W. Ferez (Contact Person)	
(Firm/Company)	
Eldan Elmhurst Cir Apt. 1	000
Oiledo FL. 32765 (City/State and Zip Code)	
For further information concerning this matter	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$\infty\$ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

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)

1. The name of the	limited liability company as it appears on the	e records of the Flo	orida Depa	rtment
of State is: Or	e shot Gen Cleaning UC			
2. The Florida docu	ment/registration number assigned to this lin	nited liability comp	pany is:	
<u>L</u> 23000)528889			
4.1. (A VIII	mber/manager withdrew/resigned or will wit	hdraw/resign is:thdraw/resign as a	3/1/20	124
CE.	(Print Title)	<u> </u>	2024 HAR	<u> </u>
resignation in wr	bility company and affirm the limited liability iting. SSOCIATING Member or Resigning Manager	y company has bee		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			