

L240000099112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

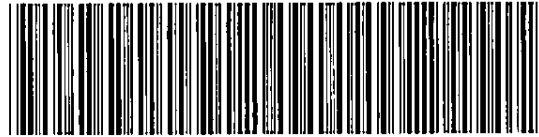
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900447439629

03/26/05--01027--009 *\$55.00

2025 MAR 26 PM 4:39

07:18:11 PM

11:11:11

COVER LETTER

TO: Registration Section
Division of Corporations

941 AROMA CLEANING LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JESUS AVENDANO ANTONIO

(Contact Person)

941 AROMA CLEANING LLC

(Firm/Company)

2203 19TH ST E

(Address)

BRADENTON/ FLORIDA 34208

(City/State and Zip Code)

For further information concerning this matter, please call:

ITZEL AVENDANO ANTONIO 941 557-4333

_____, at _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing 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

2025 MAR 26 PM 4:39

FILED



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 Florida Department
941 AROMA CLEANING LLC
of State is: _____.

2. The Florida document/registration number assigned to this limited liability company is:
124000099112
_____.

MARCH 14, 2025

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
CRISTINA BUSTAMANTE ANTONIO

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2025 MAR 26 PM 4:39
FILED
CORPORATION
DIVISION OF