## L24000168052

(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:		





700436666387

09/18/24--01035--004 \*\*25.00

## **COVER LETTER**

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TO: Registration Section Division of Corporations

INHS17 (2/14)

SUBJECT: Simply Clean Professional Services LLC			
Name of Limite DOCUMENT NUMBER: L24000168052	ed Liability Company		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.			
Please return all correspondence concerning this n	natter to the following:		
United States Corporation Agents, Inc.			
Name of Person	<del></del>		
Legalzoom.com, Inc.			
Name of Firm/Company	<del></del>		
9900 Spectrum Dr.			
Address	<del></del>		
Austin, TX 78717			
City/State and Zip Code	<del></del>		
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report not	fication)		
For further information concerning this matter, please call:			
21 (8	00 773-0888		
Name of Person A	00 773-0888 rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, th	e undersigned,
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as
		, neceby resigns as
Registered Agent for $\frac{S}{2}$	Simply Clean Professional Services	LLC
	Name of Limited Liability Company	<del></del> ,
L24000168052		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited lia	ability company at its last known address.
The agency is terminate	ed and the office discontinued on the 31st da	ay after the date on which this statement is filed.
	Trik Trendlein Signature of Resigning.	L Aggregation
		«Lent
lf signing on behalf of a	in entity:	
	Erik Treutlein	
	Typed or Printed Name	
	Vice President on behalf of United States Corpor	ration Agents, Inc.
	Capacity	

Make checks payable to Florida Department of State and mail to: Division of Corporations

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$ 85.00 Active \$ 25.00 Admir

> P.O. Box 6327 Tallahassee, FL 32314