

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

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TALLAHASSEE, FLORIDA

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## REGISTERED AGENT RESIGNATION

CLEANERS DEBIT CARD (CDC), LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$96.25

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CLEANERS DEBIT CARD (CDC), LLC.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M01000001827

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA KOHN

(Name of Person)

ARAZOZA & FERNANDEZ-FRAGA, P.A.

(Name of Firm/Company)

2100 SALZEDO STREET, SUITE 300

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA KOHN

(Name of Person)

at ( 305 ) 4446226

(Area 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**ARAZOZA & FERNANDEZ-FRAGA, P.A.**, hereby resigns as  
(Name of Registered Agent)

Registered Agent for **CLEANERS DEBIT CARD (CDC), LLC.**

(Name of Limited Liability Company)

**M01000001827**

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

**Carlos F. Arazoza**

(Typed or Printed Name)

**Managing Director**

(Capacity)

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314