M 23000009346

(Requestor's Name)
(Address)
(A.1.)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D. Grand Father Manna)
(Business Entity Name)
(Document Number)
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TÄLLÄHÄSSEE, FLORID-

RECTIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/16/2024

NAME: CLEAN BIN SOLUTIONS, LLC

TYPE OF FILING: RESIGNATION OF RA

COST:

85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

CLEAN BIN SOLUTIONS, LLC SUBJECT:	
Name of Limited Liability	/ Company
DOCUMENT NUMBER: M23000009346	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Tyler Paul	
Name of Person	_
CLEAN BIN SOLUTIONS, LLC	
Name of Firm/Company	-
2691 Old Vines Dr	
Address	-
Westfield, IN 46074	
City/State and Zip Code	-
tyler@cleanbinsindy.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Tyler Paul 765 at (624-9679
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the und	dersigned.	
FLORIDA FILING & SEARCH SERVICES, INC.	, hereby resigns as	
Name of Registered Agent		
Registered Agent for CLEAN BIN SOLUTIONS, LLC		
Name of Limited Liability Company		
M23000009346		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability	y company at its last known address.	
The agency is terminated and the office discontinued on the 31st day aft	ter the date on which this statement is f	iled
Signature of Resigning Agent		
If signing on behalf of an entity: How Hole Typed or Printed Name Typed or President Capacity	ZOZ4 JUL 16 AH K	
FILING FEES: \$ 85.00 Active limited liability of Administratively dissolventh with drawn limited liability of Administratively dissolventh drawn limited liability drawn liability drawn liability drawn limited liability drawn liabi	company ved/ voluntarily dissolved/ ility company	,

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314