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(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Au	uiess <i>)</i>	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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FILED

2008 AUG 18 PM 1: 05

SECRETARY OF STATE

officer Resignation
TB =/21/10

## **COVER LETTER**

Division of Corporations	
SUBJECT: Cleaning  DOCUMENT NUMBER: PO2	(Name of Corporation)
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
Nestor Ramos (Name of Person)	
Cleaning Agents (Name of Firm Company	INC
37 Novance A	re Svite 500
Orlando FL 32 (City/State and Zip Code	-80 <u>/</u>
For further information concerning this m	atter, please call:
Victor Lans (Name of Person)	at ( 631 ) 350 % [ 41 ] (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Amendment Section Ame Division of Corporations Division Glifton Building Post	ling Address: endment Section sion of Corporations Office Box 6327 ahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Neston Ramos, hereby resign as President officer Div
of	Cleaning Agents INC. (Name of Corporation)
	(Document Number, if known), a corporation organized under the laws of the State of
	Florida TALLARASSI TILT
	AUG 18 PH LAHASSEE.
	(Signature of resigning officer/director)

## FILING FEE IS \$35.00

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

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