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(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:	



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PLUSE HARY OF STATE
AL LANGESEE, FLORIDA

afficer Resignation

Office Use Only

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TRANSMITTAL LETTER

PO: Amendment Section Division of Corporations
SUBJECT: HOUSE CLEANING FIRST CLASS INC (Name of Corporation) EIN# 65-1162489
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHANNE CLAVET (Name of Person)
HOUSE CLEANING FIRST CLASS INC (Name of Firm/Company)
3620 RIVIERA CIRCLE (Address)
BONITA SPRINGS, FLA, 34134 (City/State and Zip Code)
For further information concerning this matter, please call:
TOHANNE CLAVET at (239) 292-3992 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

£, _	LORRAI	ŃE (646NON	, herel	oy resign as	PRESI	DENT (Title)	
of_	House	CLE			CLASS	, NC.	(Ein: 65-11624	89
7	P0200012	662	(Name of C	• •	organized unde	er the laws	of the State of	
	(Document Nur FLORIDA	,	nown) 					-

(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