## L16000114333

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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12/19/16--01027--030 \*\*25.00

FILED AND DE STATE SECRETARY OF STATE

D. SCOTT DEC 2 0 2016

## **COVER LETTER**

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations	1		
SUBJECT: SUPERB TREE CARE AN	_		
(Name of L	Limited Liability Cor	npany)	
The enclosed member, resignation or disso	ociation and fee(s	s) are submitted for	filing.
Please return all correspondence concernir	ng this matter to:		
FERNANDO VIVANCO			
(Contact Person)	-	_	
(Firm/Company)		_	
7240 NW 6 STREET			
(Address)	····	_	AND S. T.
PLANTATION, FL 33317			記して
(City/State and Zip Code)	<del>- ·- · · · · · · · · · · · · · · · · · </del>	_	SEE DE D
For further information concerning this ma	atter, please call:		TED MOOR
FRENANDO VIVANCO	305 at (	607-7508	25° 6
(Name of Contact Person)	(Area Code	& Daytime Telepho	one Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State Fee & Certified C	
STREET/COURIER ADDRESS:		MAILING ADD	
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314	

Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the reco     Superblack TREE CARE AND LANDSCAPING, LLC	
2. The Florida document/registration number assigned to this limited L16000114333	liability company is:
3. The date this member/manager withdrew/resigned or will withdrav FERNANDO VIVANCO	
4. I,, hereby withdraw, hereby withdraw, hereby withdraw, hereby withdraw, hereby withdraw, hereby withdraw, hereby withdraw	witesign as a
of this limited liability company and affirm the limited liability comresignation in writing.  Signature of Dissociating Member or Resigning Manager	SECRETATION OF STATE

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: