L20000046529

(Requestor's Name)
(Address)
(Address)
(last see,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100341698381

09/89/28-+81817--888 **25.88

7F7ATT 1-9 FT112:57

R. WHATE MAR 2 5 2020

COVER LETTER

Division of Corporations
SUBJECT: LIVE OKE LANDSLAPE MANAGEMENT (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
SHAMNON LEWIS (Contact Person)
LIVE OAK LANDSCAPE MANAGEMENT (Firm/Company)
674 SERENIA RO. (Address)
SANTA ROSA BEACH, FL. 52459 (City/State and Zip Code)
For further information concerning this matter, please call:
SHANNON LEWIS at (850) 585-7788 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \frac{1}{2}\$\$ \$55 Filing Fee & Certified Copy
Madies Adduss.

Mailing Address:

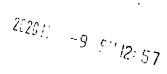
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: LIVE DAY LANDSCAPE MANAGEMENT.
2. The Florida document/registration number assigned to this limited liability company is:
L20000046529
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{3}{3}$
4. I, JASON DANIEL , hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGED. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)