118000 45538

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(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Regis	stration Section			
Divis	sion of Corporations			
SUBJECT:	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerr	ning this matter to:		
GLENDA S	MITH			
	(Contact Person)		_	
LAWN BUT	TLERZ LLC			
	(Firm/Company)		_	
8895 SE 67	7TH DRIVE			
	(Address)		-	
OKEECHO	BEE, FL 34794			
	(City/State and Zip Code)		_	
For further in	nformation concerning this r	natter, please call:		
GLENDA S	MITH	561 at (232-4973	
(N	fame of Contact Person)		& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ease find a check made payal g Fee		Department of State for: Fee & Certified Copy	
STREET/C	OURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
Division of (•		Division of Corporations	
Clifton Build	ling ive Center Circle		P.O. Box 6327	
ZOOT EXECUL	ive Center Chele		Tallahassee, Florida 32314	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

18 JUL 31 PM 3: 11
SECRETARY OF STATE
ANASSEE, FLORID.

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:	N BUTLERZ	
2. The Florida docu	ıment/registration number as	ssigned to this limited liability company is:
L18000045538	3	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
JANET H KE	MPLE	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
MEMBER		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
1	Kendo J	anet tikemple.
Signature of D	ssociating Member or Resig	ning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	