

L03 0000 33968

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(City/State/Zip/Phone #)

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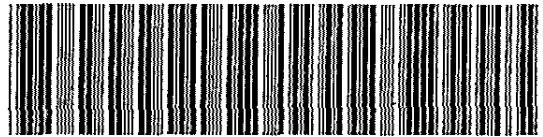
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MONTICELLO LANDSCAPE AND DESIGN, LLC

**DOCUMENT NUMBER:** L03000033968

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUSTHER BRANDT

(Name of Contact Person)

MONTICELLO LANDSCAPE AND DESIGN, LLC

(Firm/ Company)

4862 CASON COVE DR APT 201

(Address)

ORLANDO FL 32811

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

LUSTHER BRANDT

(Name of Contact Person)

at ( 407 ) 470-6141

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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

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TALLAHASSEE, FLORIDA

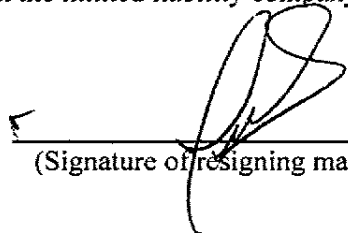
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**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, LUSTER BRANDT, hereby resign as Managing Member  
(Title)  
of MONTICELLO Landscape and DESIGN LLC.  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

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TALLAHASSEE, FLORIDA

FILED

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314