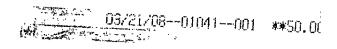
L0300052205

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

MAR 2 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T & L Sod, LLC (Name of Limited Li	ighiliny Company)
(Name of Limited Li	admity Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
Chad Tucker	
(Contact.Person)	and the second s
T & L Sod, LLC	
(Firm/Company)	
3464 O'Berry Road	
(Address)	
Kissimmee, FI 34746	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Chad Tucker at (
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a of State is: T & L Sod, LLC	appears on the records of the Florida Depa	rtment
2. This limited liability company was organized und Florida	der the laws of:	
3. The Florida document/registration number of this L0300052205	is limited liability company is:	
4. I, Clark Tucker (Print Name of Person Resigning)	, hereby resign as a MGRM (Print Title)	
of this limited liability company and affirm the lin resignation in writing.	·	of my
0/0m		
Signature of Resigning Member, Managing Member	ber or Manager	

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (5/06)

Filing Fee:

Certified Copy:

SECRETARY OF STATE DIVISION OF CORPORATIONS