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



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SECRETARY OF STATE
TALLAH ASSET FLORID

O4 APR -6 PM 2: 00

O4 APR -6 PH 1:59





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, FLIZAbeth R. MAXWELL, hereby resign as MANAGER/ME	MBER_
(Title)	
of BLC LAWNCARE PLUSLIC	,
(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)	SECRETAR TALLAHAS

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