

L04000020219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

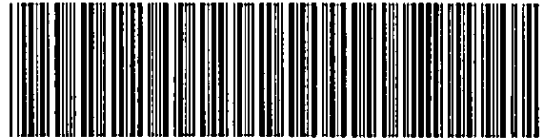
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 22 PM 5:52

SECRETARY OF STATE
TALLAHASSEE, FL

12/20/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARBORWORKS, LLC

(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:

WILLIAM B. ARMISTEAD, ESQ.

(Contact Person)

COPPINS MONROE, P.A.

(Firm/Company)

1319 THOMASWOOD DRIVE

(Address)

TALLAHASSEE, FLORIDA 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM B. ARMISTEAD

at (850) 422-2420

(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

☐ \$55 Filing Fee & Certified Copy

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



COPPINS MONROE, P.A.
ATTORNEYS AT LAW

WILLIAM B. ARMISTEAD, ESQ.
warmistead@coppinsmonroe.com

September 15, 2022

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Dissociation of Member

To Whom it May Concern:

Enclosed is dissociation form and \$25 check for the filing fee. Please contact me if there are any issues with the form.

Very truly yours,

COPPINS MONROE, P.A.

William B. Armistead
For the Firm



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2022 SEP 22 PM 5: 52

SECRETARY OF STATE
TALLAHASSEE, FL

**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: Arborworks, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L04000020219

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/09/2021

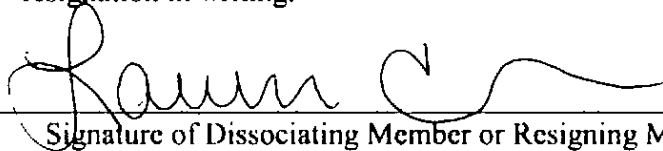
4. I, Lauren Cross, hereby withdraw/resign as a

(Print Name of Person Resigning)

member

(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)