## 1040000 42301

(Re	equestor's Name)	
•		
(Ad	ldress)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		





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05/02/07--01016--006 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Coldbook Customized Landsonping, LLC. (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Mary Sims (Contact Person)	
Self (Firm/Company)	O7 MAY
834 S. Dakota Ave.	-2 =
Tampa Fla 33604  (City/State and Zip Code)	11: 23 STATE,
For further information concerning this matter, please call:	
Mary Sims at 813, 541-1100 (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	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 appears on the records of the Florida Department
of State is:	Nollmers Customized LandScapiag =
or outer is.	TOKODICO CIOTOTTIZZO TUTOCO PIEGO
2. This limited liabi	ifty company was digamized under the laws of.
Tan	partla uc
	pa Fla UC
3 The Florida docu	iment/registration number of this limited liability company is:
1.06	10000 4230.1
	7000 7200.1
4. I, <u>Mar</u>	Sims hereby resign as a <u>Co-owner</u> , MGRM
•	me of Person Resigning) (Print Title)
	pility company and affirm the limited liability company has been notified of my
resignation in wri	ting.
$\mathcal{M}$	as & Sus
Signature of Resignature	gning Member, Managing Member or Manager
<del>-</del>	
Piller Per	#25.00 (D
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
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