

L04000004a7//

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	and a Filling Officer.

Special Instructions to Filing Officer:

A. LUNT

FEB 14 2011

EXAMINER

Office Use Only



600221169606

02/13/12--01044--019 **25.00

2012 FEB | 3 RM 4 49

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Stellar Professional Lar	ndscape Services, LLC
(Name of Limit	led Liability Company)
The enclosed member, managing member or a filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	
Scott Olesen	2012 FEB 1
(Contact Person)	
	<u>်း</u> မေးမြောင်းမှာ မေးမြောင်းမှာ မေးမြောင်းမှာ မေးမြောင်းမှာ မေးမြောင်းမှာ မေးမြောင်းမှာ မေးမြောင်းမှာ မေးမြောင်း
(Firm/Company)	GASTA STATE
(x mai company)	
4308 Hymount Ave	Om 🙍
(Address)	
(Addices)	
Sarasota, FL 34231	
(City/State and Zip Code)	·
For further information concerning this matter	r, please call:
Scott Olesen	_{at (} 941 ₎ 321-0514
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
✓ \$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 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records of the indscape Services, LLC	Florida Department
2. This limited liab	ility company was organiz	zed under the laws of:	2012FEB 13 SECRETARY FALLAHASSEE
3. The Florida doct L0400004	•	of this limited liability company is	49 20 17
4. I, Scott W. C	Diesen ame of Person Resigning)	hereby resign as a Mana	aging Member
of this limited lial resignation in wri		the limited liability company has l	been notified of my
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		