L05000018542

(Re	questor's Name)	,
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: Shady Grove Nursery, 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:

Norma Jill Pollock

(Contact Person)

Shady Grove Nursery, LLC

(Firm/Company)

1120 Roseland Road

(Address)

Sebastian, FL 32958

(City/State and Zip Code)

For further information concerning this matter, please call:

Norma Jill Pollock

at ($\frac{772}{\text{(Area Code & Daytime Telephone Number)}}$

(Name of Contact Person)

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

	d liability company as it app prove Nursery, LLC	pears on the records of the F	Plorida Department
2. This limited liability con Florida	ompany was organized unde	er the laws of:	# T L
3. The Florida document/ L05000018542	registration number of this	limited liability company is	PH 3:
4. I. Charles C. Geisz	<u>2</u>	, hereby resign as a Membe	er and Manager
· 	Person Resigning)	(Print Title)	
of this limited liability c resignation in writing.	company and affirm the limit	ited liability company has b	een notified of my
Signature of Resigning	Member, Managing Membe	er or Manager	
_	5.00 (Required) 0.00 (Optional)		

CR2E079 (5/06)