L 050000 56294

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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2012 MAR 13 PM 3: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA

EXAMINER

T. CLINE

MAR 1 4 2012

WS-54094



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2012

LAURIEL HICKS 4519 HARDAWAY HWY CHATTAHOOCHEE, FL 32324

SUBJECT: GREEN PLANT-IT LANDSCAPING & IRRIGATION, LLC

Ref. Number: L05000056294

We have received your document for GREEN PLANT-IT LANDSCAPING & IRRIGATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The resignation form was missing for your document.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 812A00008397

2012 MAR 13 PM 3: 09

COVER LETTER

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
·	
SUBJECT: Green Plant It Landscaping & Irrigation	
(Name of Limited Liability Company)
The enclosed member, managing member or manager resignation filing.	on and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Lauriel Hicks	
(Contact Person)	
Green Plant It Landscaping & Irrigation LLC	
(Firm/Company)	
4519 Hardaway Hwy	· •
(Address)	
·	
Chattahoochee, Florida 32324	
(City/State and Zip Code)	There the
(-1.5	
For further information concerning this matter, please call:	LAHASSEN 99-3582
•	2 2 3
Ewell Jay Hicks at (850) 69	99-3582 წე~ ს ქ
(Name of Contact Person) (Area Code & Da	nytime Telephone Number) 📑 /
	္ခြင့္ ယ ∮
Enclosed please find a check made payable to the Florida Depar	unem of state for. Sing O
	5 1 00 cc
	ertified Copy
STREET/COURIER ADDRESS: MA	ILING ADDRESS:
. •	istration Section
	sion of Corporations
	Box 6327
2661 Executive Center Circle Tall	ahassee, Florida 32314
Tallahassee, Florida 32301	•



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 of State is:	limited liability company a	as it appears on the records welse Aping d Inn	of the Florida	Depa LC	rtment 	
2. This limited liab	ility company was organiz	ed under the laws of:				
3. The Florida doci	_	of this limited liability com	pany is:			
·	8 3	, hereby resign as a _	,	•	of my	•
resignation in wr	Licks			SEES FILAT	2012 MAR	
C	ghing Member, Managing \$25.00 (Required)	Member or Manager	1 1 1 1	NE MAY DO	3	marine and the second
•	\$30.00 (Optional)			STATE	FM 3: 0a	is the