

LO60000 11222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

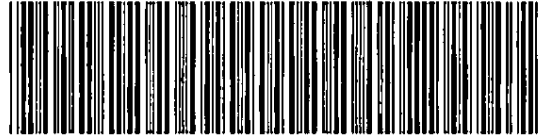
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/23/20--01012--006 \*\*25.00

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JAN 23 2020

FEB 18 2020  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTHEASTERN NURSERIES 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:

DENISE POWERS

(Contact Person)

AFFIRM ACCOUNTING & TAX SERVICES INC

(Firm/Company)

PO BOX 1614

(Address)

HIGHLAND CITY, FL 33846

(City/State and Zip Code)

For further information concerning this matter, please call:

DENISE POWERS

at 863 500-1185  
(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

20 JAN 23 PM 2:24  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

20 JAN 23 PM 2:24  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SOUTHEASTERN NURSERIES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L06000011222

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/02/2020

4. I, JAMES P. VAUGHN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
SECRETARY  
*(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)