## J7000043801

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
. (0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	_	<u> </u>
(E	Business Entity Name)	<u>-</u>
(I	Document Number)	
Certified Copies	Certificates of St	atus

L. SELLERS

DEC 2 1 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mony's Landscaping IIC (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:
Politica Castillo (Contact Person)
(Firm/Company)
544 Wellcraff D. (Address)
Greenacres, FL 33463 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (501) 889 0913 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 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 Departm of State is:	ent 
2. This limited liability company was organized under the laws of:	
3. The Florida document/registration number of this limited liability company is:	
4. I, Print Name of Person Resigning), hereby resign as a (Print Title) of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	– ny
Bolkey Cast Honor Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)	9552