

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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G. MCLEOD

OCT 12 2009

EXAMINER



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State Street by Annie

Lyn maintain shail

SECRETARY OF STATE DIVISION OF CORFORATION OF CORFORATION

CR2E079 (5/06)

## **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	TNT LANDSCAPE & I	IRRIGATIO	
The enclose		·	gnation and fee(s) are submitted for
filing.	d memoer, managing memoer c	n manager resig	gradion and rec(s) are submitted for
Please return	n all correspondence concerning	g this matter to:	:
COLBY	THOMPSON		
	(Contact Person)		<del>-</del>
320 LAR	CH ROAD		_
	(Firm/Company)		
	(Address)		
OCALA,	FL 34480		_
	(City/State and Zip Code)		
For further i	nformation concerning this mat	ter, please call:	
LaNita S	chol	at (352	789-0702
(N	lame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed ple	ease find a check made payable		
	\$25 Filing Fee		\$55 Filing Fee &
			Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
	Corporations		Division of Corporations
Clifton Build			P.O. Box 6327
	rive Center Circle		Tallahassee, 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 limited liability company as of State is: TNT LANDSCAPE & IR	RIGATION LLC
2. This limited liability company was organized Florida	l under the laws of:
3. The Florida document/registration number of L08000004636	f this limited liability company is:
4. I, COLBY THOMPSON	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
_ Cothon L	
Signature of Resigning Member, Managing N	lember or Manager
	9 <b>9</b>

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: