408000072472

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Emily Name) |
| (Opposite North North an) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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2021 NOV 18 AM 6: 39 SECRETARY OF STATE

O SIMMONS DEC 0 8 2021

COVER LETTER

SUBJECT: 5-NSC + GARDEN & LAND SCAPIENG, 11C
(Name of Limited Liability Company)

Registration Section

Division of Corporations

Tallahassee, FL 32314

CR2E079 (2/14)

TO:

| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Please return all correspondence concerning this matter to: | |
| FREDDIE TAYLOR (Contact Person) | |
| SUNSET GARDEN 2 LA | +NDSCAPING |
| 1645 W 315+ STREET | |
| RIVIEVE BEACH FL 33404 | |
| For further information concerning this matter, please call: | |
| Name of Contact Person) at (56) (Area Code & | 445 - 8441 Daytime Telephone Number) |
| Enclosed please find a check made payable to the Plorida Department of State for: □ \$25 Filing Fee | |
| Registration Section Re Division of Corporations D | reet Address: egistration Section ivision of Corporations he Centre of Tallahassee |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



FILED 2021 NOV 18 AM 6: 39

SECRETARY OF STATE TALLAHASSEE, FL

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)

| | limited liability company as it appears on the records of the Florida Department |
|------------------------------------------|----------------------------------------------------------------------------------------|
| of State is: | INN Set GANDEN & LANDSCAPING, LLC |
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| L0800 | 00072472 |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: $\frac{11/12/21}{12}$ |
| 4. I, Phil | hereby withdraw/resign as a dime of Person Resigning) |
| | Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| M | Issociating Member or Resigning Manager |
| Signature of Di | ssociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |