108000073874

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Private Paradise Landscape Services, (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:
Trisha Nease (Contact Person)
(Firm/Company)
P.O., Box 571 (Address)
Bayfield CD 81122 (City/State and Zip Code)
For further information concerning this matter, please call:
Trisha Nease at (321) 946-7167 (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 P.O. Box 6327 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

of State is: Private Paradise Landscape Services, LLC.	
2. This limited liability company was organized under the laws of:	
3. The Florida document/registration number of this limited liability company is: L08000073874	
4. I, Trisha Nease , hereby resign as a Manager Member (Print Name of Person Resigning) , hereby resign as a Managina	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	(
Dusha Nease	
Signature of Resigning Member, Managing Member or Manager	

CR2E079 (5/06)

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)