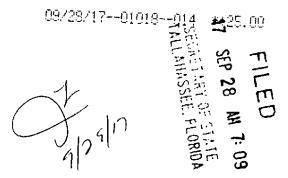
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Southern Land Care, LLC **SUBJECT:** (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: Steven V. Blount, Esq. (Contact Person) Blount Law, PL (Firm/Company) 809 Walkerbilt Road, Suite 6 (Address) Naples, FL 34110 (City/State and Zip Code) For further information concerning this matter, please call: Steven V. Blount (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)



## 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)

Sout	limited liability company as hern Land Care, LLC	s it appears on the records of the	he Florida Department		
of State is:					
2. The Florida docu L09000010874	•	ssigned to this limited liability	company is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:		
4. I, Robert J. Spano		, hereby withdraw/resign	, hereby withdraw/resign as a		
(Print N	ame of Person Resigning)				
Manager and	Member				
(	Print Title)				
of this limited liab		ne limited liability company ha	as been notified of my		
FARC	<del>)</del> ~		17 SEI TAL		
Signature of Di	ssociating Member or Resig	gning Manager	SEP F		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED  EP 28 AM 7:  ET ARY OF STATI  HASSEE, FLORIC		