L09000024342

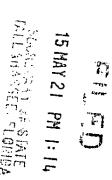
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500272753825

05/21/15--01007--006 **25,00



MAY 27 2015 C MCNAIR

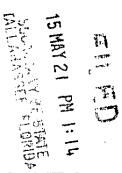
COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	CT:HARDSCAPES UNLIMITED,	LLC			
	(Name of Limit	ed Liability Con	npany)		
The encl	osed member, resignation or dissocia	tion and fee(s	s) are submitted for	or filing.	
Please re	turn all correspondence concerning the	nis matter to:			
DOUGL	AS PATTERSON				
	(Contact Person)	,	_		
DA PAT	TERSON, INC.			MAY 21 PH	
	(Firm/Company)		-	\$55 \$35 5	į
265 S. F	FEDERAL HWY STE 435				į
	(Address)		_		
DEERF	IELD BEACH FL. 33441			**	
<u> </u>	(City/State and Zip Code)				
For furthe	er information concerning this matter	, please call:			
DOUGL	AS PATTERSON	954 at (421-2700		
	(Name of Contact Person)	\	& Daytime Teleph	ione Number)	
Enclosed \$25 Fi	please find a check made payable to ling Fee		epartment of Stat Fee & Certified		
Registrati Division Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle ee, Florida 32301		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	tion porations	

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)

	e limited liability company as it appears on the records of the Florida Department
2. The Florida doc L0900002434	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 12/30/2014
DOUGLASI	PATTERSON , hereby withdraw/resign as a warm of Person Resigning)
MGRM	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
XX	
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)