

LD9000069640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

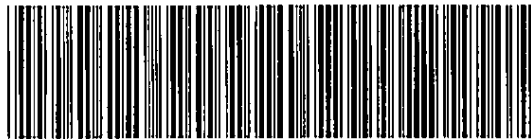
(Document Number)

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2021 OCT 12 AM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER<sup>1</sup>

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D & E NURSERY LLC

(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:

ERIC COHEN

(Contact Person)

D & E NURSERY LLC

(Firm/Company)

6701 S W 125 AVENUE

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIC COHEN

at ( 305 ) 785-4444

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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2021 OCT 12 AM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: D & E NURSERY LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000069640

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019

4. I, SCOTT COHEN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGRM  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

L12000039997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

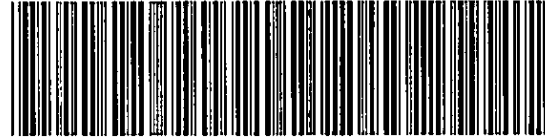
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ecolife Innovations LLC

(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:

STEPHEN HYDE

(Contact Person)

Ecolife Innovations LLC

(Firm/Company)

3106 DEL PRADO BLVD S # 308

(Address)

CAPE CORAL, Florida, 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN HYDE

at (239) 851 4356

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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Division of Corporations  
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Tallahassee, FL 32314

**Street Address:**

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Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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TALLAHASSEE, FL 32399

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Ecolife Innovations LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000039997

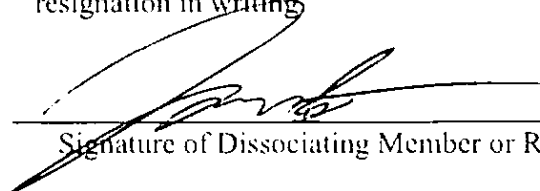
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/8/21

4. I, Thomas L Burt, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Title Manager Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)