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S. HAWKES

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EXAMINER

COVER LETTER

TO:	_	tration Section	
	Divis	ion of Corporations	
SUBJ	ЕСТ:	Dynamic Cuts Lawn Ser	vice,LLC
		(Name of Limite	d Liability Company)
The erfiling.		member, managing member or m	anager resignation and fee(s) are submitted for
Please	return	all correspondence concerning th	is matter to:
Mich	nael (Gonzalez-Florin	
		(Contact Person)	
Dyna	amic	Cuts Lawn Service,LLC	
		(Firm/Company)	
1884	1 San	derling Dr.	
		(Address)	
Cleri	mont,	, FL 34711	
		(City/State and Zip Code)	
For fu	rther in	formation concerning this matter,	please call:
Mich	ael C	Sonzalez-Florin a	t 407 697-1311
	(Na	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to t	he Florida Department of State for:
	-	\$25 Filing Fee	\$55 Filing Fee &
		_	Certified Copy
STRE	ET/C	OURIER ADDRESS:	MAILING ADDRESS:
_		Section	Registration Section
		Corporations	Division of Corporations
	n Build	•	P.O. Box 6327
		ve Center Circle	Tallahassee, Florida 32314
Tallah	assee,	Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appo namic Cuts Lawn Service,	ears on the records of the Florid Departmen	ıţ
2. This limited liab State of Flo	ility company was organized under orida	the laws of:	
3. The Florida docu L09000076	ment/registration number of this li	mited liability company is:	
4. I, Raul Eche		hereby resign as a MGRM	
(Print N	ame of Person Resigning)	(Print Title)	
of this limited lial resignation in write R_{au}/A		ed liability company has been notified of my	7
Signature of Resi	gning Member, Managing Member	r or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

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