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(Re	questor's Name)					
(Address)						
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(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
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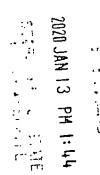
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DIS/Nawy

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jos Davis Tree Service & Remain 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:
Ton Davis (Contact Person)
Ju Dans Tree Service & Reproval LLC (Firm/Company)
18200 Evening Star Ave
13 rooks ville Fl 34604 (City/State and Zip Code)
For further information concerning this matter, please call:
Tow DAV. S at (352) 942-0028 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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 I	imited liability o	company as	it appear	s on the reco	ords of the F	lorida D	epartr	nent
of State is: Jun	i Davis	Tree S	ervice	El Rem	J Inco	LC		
2. The Florida documents 10000				this limited	liability co	mpany is	:	
3. The date this men 4. 1, Shy Awria (Print Na							<u>1-20</u>	<u>)1</u> 9
	Print Title)						ied of	mv
resignation in writ	ing.			-				
Signature of Dis	sociating Memb	er or Resign	ning Man	ager		6.75 # 484. \$55	2020 J <i>t</i>	≯د±ا≃ه
Filing Fee: Certified Copy:	\$25.00 (Requ \$30.00 (Option					(2) (3) (4) (4) (6) (7)	N 13 PH 1:	