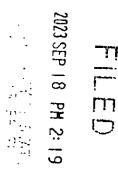


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





09/18/23--01029--012 **50.00





COVER LETTER

	legistration Section		
Į.	Division of Corporations		
SUBJEC	JON DAVIS TREE SERVICE	& REMOVAL LLC	
3013313	(Name of	Limited Liability Co	ompany)
The encl	osed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please re	turn all correspondence concern	ning this matter to	:
JON DAV	'IS		
	(Contact Person)		· -
	(Firm Company)		_
18200 EV	ENING STAR AVE		
	(Address)		_
BROOKS	SVILLE FL 34604		
	(City State and Zip Code)		
For furth	ner information concerning this i	natter, please call	:
JON DAY			942-0028
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed	I please find a check made payal		
≝ \$25 F	filing Fee	□ \$55 Filir	ng Fee & Certified Copy
Δ	dailing Address:		Street Address:
Registration Section			Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	fallahassee, FL 32314		2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303



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)

	limited liability company as	•	s of the Florida Depa	rtmen
2. The Florida doc 1.10000056066	ument/registration number a	ssigned to this limited lia	bility company is:	
KTADA IYAVIS	mber/manager withdrew/re		_	
AMBR	Came of Person Resigning) (Prim Title)			
	bility company and affirm th	ne limited fiability compa		ofmy
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	gning Manager	2023 SEP 8 PM 2: 1	