(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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Medis



COVER LETTER

	istration Section ision of Corporations			
Div	ision of Corporations			
SUBJECT	ECT:			
	(Name of Limi	ited Liability Con	npany)	
The enclose	ed member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning t	this matter to:		
Jason Liel	bling			
	(Contact Person)		_	
Medallion				
	(Firm/Company)		<u></u>	
27805 SW	/ 197 Avenue			
	(Address)	· · · · · · · · · · · · · · · · · · ·	_	
Homestea	nd, FL 33031			
	(City/State and Zip Code)		-	
For further	information concerning this matte	er, please call:		
Jason Liel	bling	305 at (278 9192	
(1	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				
Registration Division of Clifton Bui 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



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 a	s it appears on the records of the Florida Department
of State is:	ie Nurseries, LLC	
2. The Florida doc L1000006986	_	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is: May 19, 2014
4. I, Richard Perlman (Print Name of Person Resigning)		
Manager		
	(Print Title)	
of this limited lia resignation in wr	ibility company and affirm the string.	he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Ontional)	