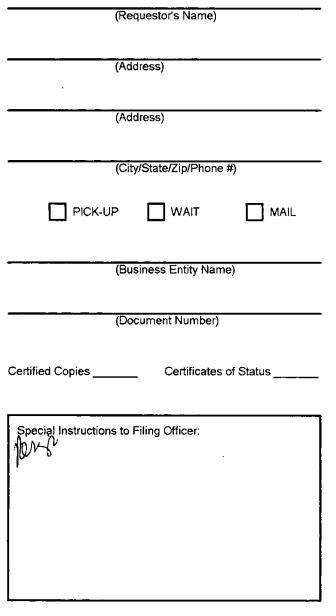
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J. SAULSBERRY EXAMINER AUG 21 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LAWN CARE OF AMERICA, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JERRY MONTELEONE

(Contact Person)

(Firm/Company)

2624 S.W. 52ND STREET

(Address)

CAPE CORAL, FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO DAUPHIN

_{at} (239)

849-6843

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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		rida Depa	
This limited liability company was organized und FLORIDA				2013 AUG 19
3. The Florida doci L100001250	ument/registration number of this li 160	mited liability company is:	A STANE	AM 8: 05
4. I, JERRY MONTELEONE (Print Name of Person Resigning)		_, hereby resign as a MANAGING MEMBER (Print Title)		
of this limited lia resignation in wr	bility company and affirm the limit iting.	ed liability company has been	notified	of my
Signature of Resi	gning Member, Managing Member	or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			