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| (Red | questor's Name) | | | |
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| (City | y/State/Zip/Phon | ne #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu: | siness Entity Na | me) | | |
| (Document Number) | | | | |
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| Special Instructions to I | Filing Officer: | | | |
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2022 SEP -2 AHII: 37



COVER LETTER

| FO: Registration Section Division of Corporations | • | | |
|--|---|-------------|--|
| TRUE TREE SERVICE LLC SUBJECT: | | | |
| (Name of Limited Liability Com | pany) | | |
| The enclosed member, resignation or dissociation and fee(s) | are submitted for filing. | | |
| Please return all correspondence concerning this matter to: | | | |
| Christopher A. DiSchino, Esq. | | | |
| (Contact Person) | | | |
| DiSchino & Schamy, PLLC | | | |
| (Firm/Company) | • | | |
| 4770 Biscayne Blvd., Suite 600 | | 20 | |
| (Address) | · _ | 22 SI | |
| Miami, Florida 33137 | F | 2022 SEP -2 | |
| (City/State and Zip Code) | | 2 | |
| For further information concerning this matter, please call: | | AH 11: 37 | |
| Christopher DiSchino 786 | 581-2542 | 37 | |
| (Name of Contact Person) (Area Code | & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida □ \$25 Filing Fee \$55 Filing | Department of State for: 3 Fee & Certified Copy | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

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)

| | ument/registration number as | signed to this limited liability con | npany is | ;: | |
|---------------------------------------|------------------------------|--------------------------------------|-----------|-------------|--------------------------|
| L11000035781 | Ü | | | | |
| 3. The date this me | ember/manager withdrew/resi | gned or will withdraw/resign is: | 08/01/202 | <u> 12</u> | |
| 4. I, Ian B. Wogan | | , hereby withdraw/resign as a | , | 20: | |
| (Print N | Name of Person Resigning) | | | 2022 SEP | |
| Member/Manage | г | | • • • | | J |
| | (Print Title) | | | 2 | ; دعر يم ي |
| of this limited lia resignation in wr | | e limited liability company has be | en notif | Age 1: 37 | my T |
| lan Wogan (Aug 15, 2022 06 52 EDT) | - | | | | |
| Signature of D | issociating Member or Resign | ning Manager | | | |
| | | | | | |
| Filing Fee: | \$25.00 (Required) | | | | |
| Certified Copy: | \$30.00 (Optional) | | | | |