L11000055680

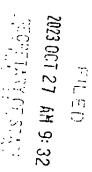
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
U DEUTO 101- 122		

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10/27/23--01011--011 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: Specialty Tree Care And Landson	aping LLC	
(Name of	Limited Liability C	ompany)
The enclosed member, resignation or dis-	sociation and fee	e(s) are submitted for filing.
Please return all correspondence concern	ing this matter to	o :
Michael Chapman		
(Contact Person)		
Specialty Tree Care		
(Firm/Company)		
1331 Granada Ave		
(Address)		
Daytona Beach, Fl 32117		
(City/State and Zip Code)		
For further information concerning this r	matter, please ca	11:
Michael Chapman	at (³⁸⁶	y 672-0219
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payal	ble to the Florida	a Department of State for:
\$25 Filing Fee		ing Fee & Certified Copy
Mailing Address:		Street Address: Registration Section
Registration Section		Division of Corporations
Division of Corporations P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
1 ananassee, 1 15 525 1		Tallahassee, FL 32303







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: Speci-	alty Tree Care and Landscaping I	LLC
2. The Florida docu	ument/registration number a	ssigned to this limited liability company is:
L11000055680		·
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 10/20/2023
4. I, Michael E Chape		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Member		
	(Print Title)	
of this limited lia resignation in wr	· · ·	he limited liability company has been notified of my
Michael	F. Chapman	
Signature of Di	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	