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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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JAN 06 2016 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: My Father's Garde	ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Nadine Piazza	
(Contact Person)	
(Firm/Company)	
16645 West Santa Maria [ (Address)	DR
Goodyear, AZ 85338 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Nadine Piazza at (72 (Name of Contact Person) (Area	7 ) 348 2844 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	My Father's Gardener, LLC.
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L1200	0096569
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Nadine	Piane of Person Resigning), hereby withdraw/resign as a
<u> </u>	QM (Print Title)
of this limited lia resignation in yer	bility company and affirm the limited liability company has been notified of my
1 Au	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)