# L12000 100482

(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:				
AUG 2 8 2012				
S. TONER				
. ,				

Office Use Only



800238775018

08/27/12--01044--025 \*\*25.00

FILED

12 NO 27 M II: 20
SECRETARY OF STATE
SECRETARY OF FLORIDA

#### **COVER LETTER**

**TO:** Registration Section

Division of Corporations	
SUBJECT: Heritage Landscape Service	es, LLC.
(Name of Limited Liab	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted fo
Please return all correspondence concerning this ma	atter to:
John F. Kane	
· (Contact Person)	
Heritage Landscape Services, LLC.  (Firm/Company)	
9200 Pomelo Road East.	<del></del>
(Address)	
Fort Myers, Florida 33967	•
(City/State and Zip Code)	·
For further information concerning this matter, plea	
John E. Konn	289-3472
	ea Code & Daytime Telephone Number)
(Name of Contact Ferson) (A)	ea code & Daytime Telephone Number)
Enclosed please find a check made payable to the F  \$25 Filing Fee	lorida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
CR2E079 (5/06)	



### FILED 12 AUG 27 AH II: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### 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 i		ls of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu L12000100	ment/registration number of 0482	this limited liability co	mpany is:
4. I, Kirk Albert	Stein ame of Person Resigning)	, hereby resign as a	Managing Member
	oility company and affirm the		
Ill	······································	(22/12	
Signature of Resi	gning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		