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SECRETARY OF STATE DIVISION OF CORPORATIONS

12-11-14

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: True Image Lands cape (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Kichard Landscape Services LCC (Firm/Company) Pembroke Pines (City/State and Zip Code) For further information concerning this matter, please call: Pichard Anguio (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: 525 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 (2/14)



SECHETARY OF STATE DIVISION OF CORPORATIONS 14 DEC -5 M 2: 84

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 lin	mited liability company as it appears on the records of the Florida Department
of State is: TYC	de Image landscape Services, LLC.
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L130000	90685
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 01/15/14
4. I, <u>Daniel</u> (Print Nan	he of Person Resigning), hereby withdraw/resign as a
Title m	rint Title)
of this limited liabil resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Daniel	Shurall Ociating Member or Resigning Manager
digitature of Diss	eciating internoct of Kesigning Manager
Filing Fee:	
Certified Copy:	ֆ೨೮.00 (Optional)