113000169923

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO:	-	tration Section ion of Corporations				
SUBJECT:		Jireh Custom Landscape, LLC				
	pany)					
The en	closed	member, resignation or dissocia	ation and fee(s)	are submitted for filing.		
Please	return	all correspondence concerning	this matter to:			
Debra	Wise	man				
		(Contact Person)				
Jireh (Custo	m Landscape, LLC				
		(Firm/Company)				
3617	Alzari	ne Terrace				
		(Address)				
The V	illage	s, Florida 32163				
		(City/State and Zip Code)				
For fur	ther in	formation concerning this matte	er, please call:			
Debra	Wise	man	703	989-0402		
	(Na	ame of Contact Person)	(Area Code &	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee						

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPOFATIONS

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 I	Florida Denastment
of State is:	
 The Florida document/registration number assigned to this limited liability co L13000169927 	ompany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Daniel E Graga	02/01/2016
4. I, Daniel E Gragg, hereby withdraw/resign as, hereby withdraw/resign as, Managing Member (MGRM)	s a
(Print Title)	
of this limited liability company and affirm the limited liability company has b resignation in writing.	een notified of my
Daniel & Dunger	
Signature of Dissociating Member or Resigning Manager	

Filing Fee: Certified Copy: \$25.00 (Required)

\$30.00 (Optional)