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J. Shivers MAR 21 2018

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations			
SUBJECT: M. 5 Lenf It to US LLC (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:			
Michael Stinne # (Contact Person)			
M.S Leaf It to US LLC (Firm/Company)			
419 SE Happy Unlley 6/n High Springs Ll. 32643			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Ann Herreria at (352) 538-5800 (Name 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 □ \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Constant of Corporations Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSUCIATION 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	he records of the Florida Department
of State is:	M.S Lenf It to US	LLC.
2. The Florida docu	ument/registration number assigned to this I	imited liability company is:
L14000	033562	
3. The date this me	mber/manager withdrew/resigned or will w	ithdraw/resign is: 3 - 10 - 2014
4.1, Danie/	Monroe Sims, hereby w	vithdraw/resign as a
mgr	Please (Print Title)	Remove
	bility company and affirm the limited liabil	
	Dand M. Sims	
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	