14000066777

(F	Requestor's Name)	
(A	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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09/29/16--01013--010 **25.00

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16 SEP 29 AM II: 28MMONS SEP 30 SEP

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DANNY'S LAWN AND GA	RDEN CARE L	LCV
	mited Liability Com	pany)
The enclosed member, resignation or disso	ciation and fee(s)	are submitted for filing.
Please return all correspondence concerning	g this matter to:	
Sherre Rohrbaugh		
(Contact Person)		
DANNY'S LAWN AND GARDEN CAR	E LLC	
(Firm/Company)		
17103 SE 110th Ct Rd		
(Address)		
Summerfield FI 34491	,	
(City/State and Zip Code)		•
For further information concerning this ma	tter, please call:	÷
Sherre Rohrbaugh	330	502 9909
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		T.U. DUX 0327 Tallahassee Florida 32314

Tallahassee, Florida 32314

CR2E079 (2/14)

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)

2. The Florida document/registration number	assigned to this limited liability company is:	
L14000066777		
3. The date this member/manager withdrew/r	esigned or will withdraw/resign is:	
Sherre Rohrbaugh		
(Print Name of Person Resigning)	, hereby withdraw/resign as a	; -
AMBR	29 ΟF C(F
(Print Title)	RPORA	<u> </u>
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of	ny
Sherre Rotation	ah 9/24/16	
Signature of Dissociating Member or Res		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)