

L14000100637

(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:

Office Use Only



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14 SEP 15 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRM
9-17-14

C.M.
9-17-14



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
14 SEP 15 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Florida Department of State is: Caleb's Lawn Care, L.L.C
2. The Florida document/registration number assigned to this limited liability company is:
L1400100637
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/11/2014
4. I, Hannah L Murdock, hereby withdraw/resign as a
(Print Name of Person Resigning)
Hannah L Murdock
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Hannah L Murdock
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caleb's Lawn Care, L.L.C.

(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:

Caleb Koon

(Contact Person)

Caleb's Lawn Care

(Firm/Company)

503 ABC Road

(Address)

Lake Wales, FL 33859

(City/State and Zip Code)

For further information concerning this matter, please call:

Caleb Koon

(Name of Contact Person)

at (863)

528-7954

(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
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

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14 SEP 15 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 SEP 15 PM 1:58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 1, 2014

CALEB KOON
CALEB'S LAWN CARE
503 ABC ROAD
LAKE WALES, FL 33859

SUBJECT: CALEB'S LAWN CARE, L.L.C
Ref. Number: L14000100637

We have received your document for CALEB'S LAWN CARE, L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Need signature of dissociating memmber or resigning manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 514A00016548