L14000108131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
AUG 12 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDXSCAPERS LLC
(Name of Limited Liability Company)

DOCUMENT No. L14000108131

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RAYMOND STEFFEN
(Contact Person)

(Firm/Company)

416 SOUTHAMPTON DR.
(Address)

INDIALANTIC FL. 32903
(City/State and Zip Code)

For further information concerning this matter, please call:

RAYMOND STEFFEN at (321) 674-0961
(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

J

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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 limited liability company as it appears on the records of the Florida Department of State is: LANDXSCAPERS LLC.

2. The Florida document/registration number assigned to this limited liability company is: L14000108131.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-03-2014

4. I, RAYMOND STEFFEN, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR.
(Print Title)

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

Raymond J. Steffen
Signature of Dissociating Member or Resigning Manager

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

never heard of this company and have never had any connection to it. This company has stolen my personal information and used it to apply for credit.