

L15000104622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

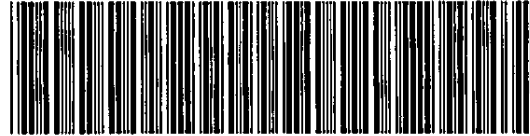
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600278587646

L15-104622

Diss of Mem

11/05/15--01006--022 **25.00

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15 NOV -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -6 2015

N. CAUSSEAU

COVER LETTER

11-2-15

TO: Registration Section
Division of Corporations

SUBJECT: TURF LIFE, 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:

ANGELA PERRETTI

(Contact Person)

INDIVIDUAL

(Firm/Company)

8237 TIVOLI DRIVE

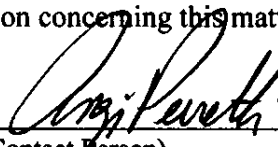
(Address)

ORLANDO, FLORIDA 32836

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGI PERRETTI



at (407)

245-1254

(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
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 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: TURF LIFE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000104622

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-22-15

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

MEMBER

(Print Title)

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

Angela Perretti 11-2-15
Signature of Dissociating Member or Resigning Manager

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

FILED
15 NOV -5 AM 11:58
CLERK OF STATE
TALLAHASSEE, FLORIDA