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SECRETARY OF STATE

K. SALY JAN 1 9 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FRESH CLUTS LANDSCAPE SOLUTIONS and MANAgement (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:
Contact Person)
FESSI Curs (Firm/Company)
14545 J S. MILITARY TRAIL #126 (Address)
Delease BEACH, Fr. 33484 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 301-7948 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \frac{1}{2}\$\$ \$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)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the		•		•			-
of State is:	RESH	Curs	LANDSC	APF	SOLUTION	s and	MANAGENER.T
2. The Florida docu	ıment/reg	sistration m	ımber assigr	ned to th	nis limited liab	ility con	npany is:
145000	12510	7		 ·			
3. The date this me	mber/ma	nager witho	łrew/resigne	d or wi	ll withdraw/res	sign is: _	1/11/17
4. I, Tyle							
MAN	AAFR Print Title)	······································				
of this limited lial resignation in wr	bility con			nited lia	ability compan	y has be	en notified of my
Tyler	Halel	1					
Signature of Di	ssociatin	g Member	or Resigning	Manag	ger		
Filing Fee:	\$25.0	0 (Require	i)				
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