L15000 126002

(F	Requestor's Name)
(A	address)
(A	oddress)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Oocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
P# 2: 39	4 00 00 00 00 00 00 00 00 00 00 00 00 00
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SECRE FARY OF STATE
TALLAHASSEE, FLORING

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brevard Lands cape and Grading 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:
Sawel Bowman (Contact Person)
Breind Land scape and Grading, Lic
2880 Appaloasa Boulevard
Melbourne FL 32934 (City/State and Zip Code)
For further information concerning this matter, please call:
Samuel Bowman at (321) 514-9630 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\frac{1}{2}}}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

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)

1. The name of the	limited liability company as it appears on the records of the Florida Departme
of State is: <u>Br</u>	evoid Landscape and Grading, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L15000	0 126002 Fig. 7
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 436 8001
4.1, Freddy (Prim N	/ J. Tovqe , hereby withdraw/resign as a first transfer of Person Resigning)
	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of niting.
Tri	
Signature of Di	seociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)