116000085354

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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COVER LETTER

Division of Corporations
SUBJECT: THAT WEZ LAWN SERVICES (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:
Reina BARAhONA FUNEZ.
(Contact Person)
JMARTINEZ LAWN SERVICES LLC. (Firm/Company) 5598 GALLOPING DR
(Firm/Company)
5598 GACLOPING DR
(Address)
HOPKAPC 32712.
(City/State and Zip Code)
For further information concerning this matter, please call:
KeINA BARAhONA. 31321, 278-2017
(Name of Contact Person) at (321) 278-2017 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 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	s it appears on the records of the	e Florida Department
of State is:	MARTINEZ	LAWN SERVICE	SLLC.
/ 1600	0085354.	ssigned to this limited liability	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign i	is: 10 (08 (2023).
4. 1,(Print N	· · ·	, hereby withdraw/resign	as a
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company has	s been notified of my
Ruina Bara			202: - Sea
Signature of Di	ssociating Member or Resig	ning Manager	FILE 2023 OCT 23 SECRETARY (
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TILED 23 AMIO: