## HOCCIZO9062

| (Requ                                   | estor's Name)   |              |  |  |
|---|-----------------|--------------|--|--|
| (Addre                                  | ess)            | <del>-</del> |  |  |
| (Addre                                  | ess)            |              |  |  |
| (City/State/Zip/Phone #)                |                 |              |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL         |  |  |
| (Busir                                  | ness Entity Nar | me)          |  |  |
| (Docu                                   | ment Number)    | )            |  |  |
| Certified Copies                        | Certificate     | s of Status  |  |  |
| Special Instructions to Filing Officer: |                 |              |  |  |
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SECRETARY OF STATE STATE STATE OF STATE ST

J. HARRIS

## **COVER LETTER**

| TO: Registration Section Division of Corporations            |                   |   |
|--|-------------------|---|
| SUBJECT: Advanced Landscape & Des                            | sign LLC          |   |
|  | ited Liability Co | mpany)  |
| The enclosed member, resignation or dissociate               | ation and fee(    | s) are submitted for filing.                    |
| Please return all correspondence concerning                  | this matter to:   |   |
| Howard Mofsen  |                   |   |
| (Contact Person)   |                   | _   |
| Pinchevsky & Mofsen, CPA                                     |                   |   |
| (Firm/Company)   |                   | _   |
| 5541 N University Drive                                      |                   |   |
| (Address)  |                   | _   |
| Coral Springs, FL 33067                                      |                   |   |
| (City/State and Zip Code)                                    |                   | <del>-</del>                                    |
| For further information concerning this matter               | er, please call:  |   |
| Howard Mofsen  | 954<br>at (       | 753-3545  |
| (Name of Contact Person)                                     | (Area Code        | e & Daytime Telephone Number)                   |
| Enclosed please find a check made payable to \$25 Filing Fee |                   | Department of State for: g Fee & Certified Copy |
| STREET/COURIER ADDRESS:                                      |                   | MAILING ADDRESS:                                |
| Registration Section Division of Corporations                |                   | Registration Section Division of Corporations   |
| Clifton Building   |                   | P.O. Box 6327                                   |
| 2661 Executive Center Circle Tallahassee, Florida 32301      |                   | Tallahassee, Florida 32314                      |

CR2E079 (2/14)



## 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)

|                      | e limited liability company as vanced Landscape & Desig | it appears on the records of the Florida Department gn LLC |
|----------------------|---|--|
| 2. The Florida do    | •   | ssigned to this limited liability company is:              |
| 3. The date this m   | ember/manager withdrew/res                              | igned or will withdraw/resign is: 2-3-2017                 |
| (Print<br>Member -Ma |   | , hereby withdraw/resign as a                              |
| of this limited li   |   | ne limited liability company has been notified of my       |
| Signature of I       | nenue Flore Dissociating Member or Resig                | 2ning Manager  |
| Filing Fee:          | \$25.00 (Required)                                      | 17 F   |

Certified Copy:

\$30.00 (Optional)