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D. SCOTT

COVER LETTER

TO:	_	stration Section			
	Divis	ion of Corporations			
SUBJ	ECT:				
		(Name of Limited Liability Company)			
The er	nclosed	l member, resignation or dissoc	iation and fee(s	s) are submitted for filing.	
Please	ereturn	all correspondence concerning	this matter to:		
Caroi	iyn Tru	ıdeau			
	_	(Contact Person)		-	
MM 8	ß D La	ndscaping LLC			
		(Firm/Company)		_	
1000	Kings	Hwy # 58			
		(Address)		_	
Port (Charlo	tte, FL 33980			
		(City/State and Zip Code)		_	
For fu	rther in	nformation concerning this mat	ter, please call:		
Carol	lyn Tru	ideau	941 at (875-0309	
	(Na	ame of Contact Person)		& Daytime Telephone Number)	
	sed plea Filing	ase find a check made payable		Department of State for: 3 Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
_		Section Corporations		Registration Section Division of Corporations	
	on or c n Build	•		P.O. Box 6327	
		ive Center Circle		Tallahassee, Florida 32314	
		Florida 32301		- Described on a section of mer 1.1	

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	it appears on the records of the Florida Department
	cument/registration number as	ssigned to this limited liability company is:
3. The date this m	nember/manager withdrew/res	igned or will withdraw/resign is: 09/03/18
Deborah Ba	aldwin	
	Name of Person Resigning)	, hereby withdraw/resign as a
Manager/Me	ember	
	(Print Title)	
of this limited li resignation in w	- · · · ·	e limited liability company has been notified of my
Signature of I	Dissociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv	\$30.00 (Ontional)	