

4180000 74315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

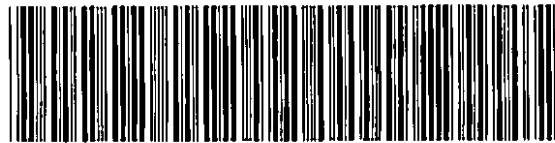
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400340383294

07/12/09--01305--014 \*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
1117 MARKET STREET  
PHILADELPHIA, PA 19107

2020 FEB 12 AM 7:24

FILED

MAR 07 2020

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACORN LAWN SERVICES 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:

JOHN MURRAY

\_\_\_\_\_  
(Contact Person)

ACORN LAWN SERVICES LLC

\_\_\_\_\_  
(Firm/Company)

3511 FENWAY DRIVE

\_\_\_\_\_  
(Address)

SARASOTA, FL 34232

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN MURRAY

at ( 941 ) 809-8531

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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 Department of State is: ACORN LAWN SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is: L18000074315

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019

4. I, TRACY A SCHOFIELD, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

CFO  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Tracy A Schofield*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2020 FEB 12 AM 7:24  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA