118000 137957

(Requestor's Name)
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(Address)
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COVER LETTER

_	sion of Corporations			
SUBJECT:	VINCENT'S TREE SERVICE, I	LLC		
SOBJECT.	(Name of Limited Liability Company)			
The enclose	d member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please retur	n all correspondence concern	ing this matter to	:	
DAVID ROD	RIGUES			
	(Contact Person)		_	
RODRIGUES	& ASSOCIATES, CPAs			
	(Firm/Company)			
101 N MISSO	OURI AVE SUITE 2			
	(Address)		_	
CLEARWAT	ER. FL 33755			
	(City/State and Zip Code)		_	
For further i	information concerning this r	natter, please call	:	
DAVID ROD	RIGUES	727 at (439-0089	
(1)	Name of Contact Person)		e & Daytime Telephone Number)	
Enclosed ple ■ \$25 Filin	ease find a check made paya ng Fee		Department of State for: ng Fee & Certified Copy	
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, El. 32303	



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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 a CENT'S TREE SERVICE, LLC	appears on the records of the Florida Department.
2. The Florida doc L18000137957	ument/registration number assign	ned to this limited liability company is:
3. The date this mo	ARREZ	ed or will withdraw/resign is: 05/01/2020, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
	bility company and affirm the lii	mited liability company has been notified of my
Signature of D	issociating Member or Resigning	y Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	