## 48000 281116

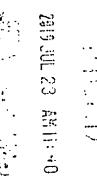
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: ENLAWN 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:
ADVANCE LOUIS (Contact Person)
ENLAWN SERVICES LLC (Firm/Company)
26750 SW 124 124e (Address)
Homestend Fil 33032 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 283 13 13  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\s
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 li	mited liability company as it appears on the records of the Florida Department
	EDLAWN SERVICES ILC
2. The Florida docur	nent/registration number assigned to this limited liability company is:
118000	7281116
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
4. 1, (Print Nati	ment/registration number assigned to this limited liability company is:  281116  aber/manager withdrew/resigned or will withdraw/resign is:  1920  1920  1920  1920  1920  193
	M(-R)
of this limited liab	lify company and affirm the limited liability company has been notified of my
resignation in writ	
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)