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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bates Cut Foliame of Limite	age LLC ed Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Marlon n Bates (Contact Person)	
Bostes Cut Foliage L	LC
1054 Chameleon 12d	
Pierson PL 32180 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Marlow Bates (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\mathbb{Z}\$ \$25 Filing Fee	the Florida Department of State for:  ☐ \$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

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Sates Cut Foliage, L.L.C
2. The Florida doc	ument/registration number assigned to this limited liability company is:
11900	0043758
3. The date this me	ember manager withdrew/resigned or will withdraw/resign is: $3-29-2027$
4.1. Melissa	
Äinbe	,
_	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Meline	Bales
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy.	\$30.00 (Optional)