

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations TO:

SUBJECT: LANDSCAPING PROS BY HA	YDEE LLC		
	Limited Liability Con	npany)	
The enclosed member, resignation or dis-	sociation and fee(s	s) are submitted fo	or filing.
Please return all correspondence concern	ing this matter to:		
HAYDEE SANCHEZ			
(Contact Person)		-	
LANDSCAPING PROS BY HAYDEE LLC			
(Firm/Company)		-	
20423 WILKIE AVE			
(Address)		_	
PORT CHARLOTTE, FL 33954			20 £9
(City/State and Zip Code)		-	100 m
For further information concerning this n	natter, please call:		· -
HAYDEE SANCHEZ	941 at (883-8041	FIT 3: 03
(Name of Contact Person)		& Daytime Teleph	
Enclosed please find a check made payab \$\Bigsirem\$ \$25 Filing Fee		Pepartment of Stat Fee & Certified (

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 81) 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)

	e limited liability company as it appears on the records of the Florida Depa DSCAPING PROS BY HAYDEE LLC	
	ument/registration number assigned to this limited liability company is:	20 APR - I
ALEBERO COL	ember/manager withdrew/resigned or will withdraw/resign is: BAS GUTIERREZ, hereby withdraw/resign as a warm of Person Resigning)	PH 3: 03
VP AIC	(Print Title) bility company and affirm the limited liability company has been notified	ofmy
	issociating Member or Resigning Manager \$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

