## 49000239196

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	<del></del>			
PICK-UP WAIT MAI	L			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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10/08/21--01010--027 \*\*\$\$.00





## 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)

	limited liability company as ionzalez Landscaping & Lawn LL		of the Florida Department		
2. The Florida doc L19000239196	ument/registration number a	ssigned to this limited liab	oility company is:		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/res	sign is:		
4. I, Sara Landeros  (Print Name of Person Resigning)		, hereby withdraw/re	, hereby withdraw/resign as a		
AP	(Print Title)				
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compan	y has been notified of my		
Signature of D	Issociating Member or Resig	ning Manager	JE JQ 2021 OCT -8 SECRETARY TALLAHA		
	\$25.00 (Required) \$30.00 (Optional)		MH 9: 31 30: 517.1 30: 517.1 50: 517.1		