L19000259442

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

Office Use Only

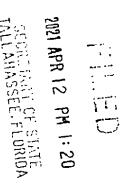


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COVER LETTER

Registration Section TO: Division of Corporations SECOND TO NONE LANDSCAPING & TREE SERVICE OF ORLANDO LLC SUBJECT: (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: Galen Kazanjian (Contact Person) Second to None Landscaping & Tree Service of Orlando LLC (Firm/Company) 955 N. Orlando Ave. #535 (Address) Maitland, Florida 32751 (City/State and Zip Code) For further information concerning this matter, please call: Sam C. Caliendo, Attorney (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

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)

	limited liability company as OND TO NONE LANDSCAPING	• •	•		
2. The Florida docu L19000259442	ument/registration number as:	signed to this limited lial	bility company is:		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/re	esign is:		
4. I,Steve Guinta			_, hereby withdraw/resign as a		
Manager	 (Print Title)				
resignation in wr	bility company and affirm the iting stating Member or Resign		ny has been notified of my 2021 APR 12 SELUNDINAN TALLAHASS		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 1: 20		