

L19 000259442

(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



000363527890

RECEIVED

APR 12 2021

04/12/21--01:20 PM--ALL--\$0.00

FILED  
2021 APR 12 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SECOND TO NONE LANDSCAPING & TREE SERVICE OF ORLANDO 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:

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

954 941-8455  
at ( )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



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: SECOND TO NONE LANDSCAPING & TREE SERVICE OF ORLANDO LLC

2. The Florida document/registration number assigned to this limited liability company is:

L19000259442

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 1, 2021

4. I, Steve Guinta, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2021 APR 12 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA