

L20 0000 16368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

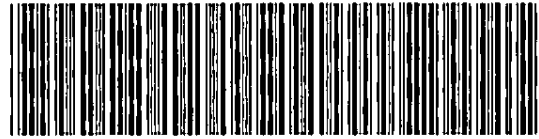
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800363979688

04/19/21--01031--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 APR 19 PM 12:40

FILED



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)

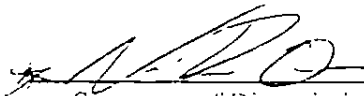
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FRANCESCA'S LAWN CARE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000016368

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/14/2021

4. I, NESTOR ROMERO, 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 19 PM 12:40
DIVISION OF STATE
TALLAHASSEE, FLORIDA