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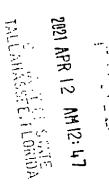
(Req	uestor's Name)			
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(City	/State/Zip/Phone	: #)		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Greyman Lawn Maintenance Professionals, 110 (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:
Alethea Ramos (Contact Person)
(Fum/Company)
5332 19th St. (Address)
Zephyrhills, Fl. 33542 (City/State and Zip Code)
For further information concerning this matter, please call:
Ale Frea Ramos at $(5/3)$ 312-7842 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \pm \frac{1}{2} \pm

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 app	pears on the records of the Flor	rida Department
of State is: <u>Grey</u>	man Lawn N	laintenance Pro	Fessionals, LL
2. The Florida document/re	gistration number assigne	ed to this limited liability comp	pany is:
L20000089	3901		
3. The date this member/m	anager withdrew/resigned	or will withdraw/resign is:	4-5-21
4.1. Print Name of Pe	M. Texa (9 erson Resigning)	, hereby withdraw/resign as a	
AP-Aut (Print Title	thorized Pers	50n	
of this limited liability co resignation in writing.	mpany and affirm the lim	ited liability company has beer	notified of my
Signature of Dissociation	ng Member or Kesigning	-, Manager	2021 APR 12
—	00 (Required) 00 (Optional)		AM IZ: 4.7