

L20000153528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

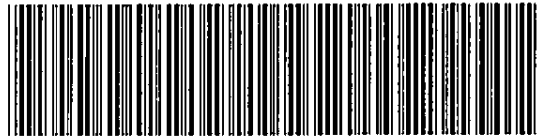
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100402197751

100402197751

FILED

2023 FEB 13 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FL

Association

APR 26 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMETOWN LANDSCAPING 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:

James Moran

(Contact Person)

HOMETOWN LANDSCAPING LLC

(Firm/Company)

13169 QUIET WOODS RD A

(Address)

Wellington FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

James Moran

at (561) 723-7583

(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

FILED
2023 FEB 13 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FL



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: HOMETOWN LANDSCAPING LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000153528

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/01/2023

4. I, Nicholas DiBattisto, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member/Manager

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

FILED
2023 FEB 13 AM 11:502
SECRETARY OF STATE
TALLAHASSEE, FL