

L20000 281340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

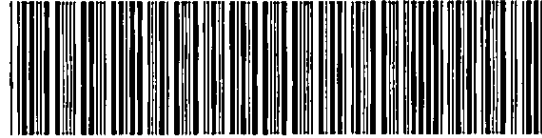
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600352466486

09/23/20--01010--019 \*\*25.00

FILED  
2020 SEP 23 PM 1:07  
FILING OFFICE

10/25  
VS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wilson's Lawn Service  
(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:

Soshanna Wilson  
(Contact Person)

Wilson's Lawn Service  
(Firm/Company)

904 NE 25th Ter  
(Address)

Gainesville, Florida, 32641  
(City/State and Zip Code)

For further information concerning this matter, please call:

Soshanna Wilson at ( 904 ) 8949639  
(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)

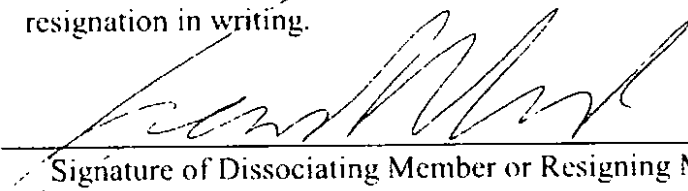
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Wilson's Lawn Service

2. The Florida document/registration number assigned to this limited liability company is:  
L20000281340

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/21/2020

4. I, Leamon H. Wilson, 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

FILED  
SEP 23 PM 1:07  
TALLAHASSEE, FLORIDA

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