L20000 281340

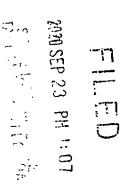
(Re	equestor's Name)	_			
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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16/29

COVER LETTER

TO: Registration Section Division of Corporations		
Wilson's Lawn Service		
SUBJECT: (Name of Lim	ited Liability Co	mpany)
The enclosed member, resignation or dissoci	ation 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 ma	tter, please ca	11:
Soshanna Wilson	904 at (8949639)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	to the Florid	a Department of State for: ling 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)

Wilson	limited liability company as	s it appears on the reco	ords of the Florida	Departr	ment
2. The Florida docu L20000281340	iment/registration number a	ssigned to this limited	liability company	is:	
4. I, Leamon H. Wilso	mber/manager withdrew/res	signed or will withdraw	> (0)	20 193 SEP	— —
Manager	(Print Title)			23 PM	
resignation in wr	willey	<u></u>	npany has been no	de de la	ľmy
Signature of Di	issociating Member or Resig	gning Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				