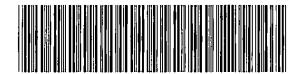
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section **Division of Corporations** A Better Look Landscaping LLC **SUBJECT:** (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: Silas Nelson (Contact Person) (Firm/Company) 14899 86 Rd N (Address) Loxahatchee, FL 33470 (City/State and Zip Code) For further information concerning this matter, please call: Silas Nelson (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address; Street Address: Registration Section **Registration Section Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 li	mited liability company as it appears on the records of the Flo	rida Dep	~ ≅ €ment	í
of State is:	Look Landscaping LLC	ALL	L LAX	
	nent/registration number assigned to this limited liability comp	AHVISEE	30	
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is:	4/2024	02	
Kristen Nelson	, hereby withdraw/resign as a see of Person Resigning)			
Мападет				
,	int Title)			
resignation in writing	ity company and affirm the limited liability company has been ng. Deciating Member or Resigning Manager	notified	of my	
Filing Fee: Certified Copy:				