## L20000 365961

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bates Lac (Name of Limited)	Un Services LLC Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Michael Bates (Contact Person)	
Pates Lown Services (Firm/Company)	LLC
5240 NE 24 th St. (Address)	
Ocala F1. 34470 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Michael A. Potes a (Name of Contact Person)	(352) 207 - 7221 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  \$25 Filing Fee	he Florida Department of State for:  3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations 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 limited liability company as it appears on the records of the Florida Department
of State is: Data Lawn Services.
2. The Florida document/registration number assigned to this limited liability company is:
L20000365961
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Ory Box , hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Hile)
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  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)