## LZ1 000 120 979

| (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



800405345318

## **COVER LETTER**

| Division of Corporations                                       |  |
|--|--|
| SUBJECT: Bates Land Clear (Name of Limited)                    | ing And Pasture Services LLC   |
| The enclosed member, resignation or dissociatio                | n and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this               | matter to:   |
| Marton N Bates (Contact Person)                                |  |
| Bates Land Clearing And Pas                                    | sture Service > LLC  |
| 1034 Chancleon Rd (Address)                                    | <u> </u>   |
| Pirrson FL 32180 (City/State and Zip Code)                     |  |
| For further information concerning this matter, p              |  |
| Marion R Bates (Name of Contact Person)  at (                  | 386<br>( <del>S\$6</del> ) <u>740-0572</u><br>(Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the               |  |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations                        |
| P.O. Box 6327  | The Centre of Tallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO: Registration Section



## 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 a | appears on the records of the Florida Department |
|--|-----------------------------------|--|
| of State is: $\underline{\mathcal{B}}$     | ntes Land Clearin                 | ig And Pasture Services LLC.                     |
| 2. The Florida docu                        | ument/registration number assig   | ned to this limited liability company is:        |
| 121000                                     | 120979                            | <u>_</u> .                                       |
| 3. The date this me                        | mber manager withdrew/resign      | ed or will withdraw/resign is: 3-29-2023         |
| 4.1. <u>Melissa</u>                        |                                   | _, hereby withdraw/resign as a                   |
| Mur  | ame of verson Resigning)          |  |
| - (  | (Print Title)                     |  |
| of this limited fial<br>resignation in wri |                                   | mited liability company has been notified of my  |
| nuline                                     | Bates                             | ·  |
| Signature of Di                            | ssociating Member or Resignin     | g Manager  |
| Filing Fee:                                | \$25.00 (Required)                |  |
| Certified Copy:                            | \$30.00 (Optional)                |  |