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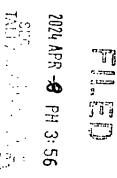
(Re	equestor's Name)
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PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
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Certified Copies	Certificates of Status
	··· <u>-</u> .
Special Instructions to	Filing Officer:
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	<u>UNINU</u>

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TUrbagrass J	Liability Company)
The enclosed member, resignation or dissociati	on and fec(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Ang Rosa Pinto (Contact Person)	
To-bogcass IIC (Firm/Company)	
9465 Sw 77th Ot (Address)	
Miani, Fl 33156 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Ang Rosa Pinto a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\mathbb{E}\$ \$25 Filing Fee	he Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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 l	imited liability company as it appears on the records of the Florida Department
of State is:	Turbograss IIC
2. The Florida docum	ment/registration number assigned to this limited liability company is:
L210001	27729
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 53/18/2024
4.1, Huetast	into tombe to lose, hereby withdraw/resign as a
(Print Na	me of verson Resigning)
PERSider	The state of the s
(I	Print Title)
of this limited liab	ان جاری الزاری
resignation in writ	
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)