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(Re	questor's Name)			
(Ad	dress)			
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PICK-UP	☐ WAIT	MAIL		
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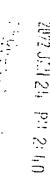
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Vonfiecson Landsca	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Amonda Von Rorste) (Contact Person)	
(Firm/Company)	
(Address)	
San Antonio: TX = 78218 (City/State and Zip Code)	<u>, </u>
For further information concerning this matter,	please call:
Amanda VarBorstel at (Name of Contact Person)	(SW) 961-(GT) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th ☐ \$25 Filing Fee	ge Florida Department of State for: \$555 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	limited liability company a	as it appears on the records of	of the Florida Department
of State is: Vor	fierson Landsi	caping, LLC	·
2. The Florida docu	ment/registration number a	assigned to this limited liab	ility company is:
<u> </u>	50129		
3. The date this men	mber/manager withdrew/re	signed or will withdraw/res	sign is: 12 1 2021
4. I, <u>Amanda</u> (Print No	VonRorste) ame of Person Resigning)	, hereby withdraw/re	sign as a
-woved	S. Print Title)		
of this limited liab		the limited liability compan	y has been notified of my
Signature of Dis	ssociating Member or Resi	gning Manager	2
	\$25.00 (Required) \$30.00 (Optional)		19712