

L21000275849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

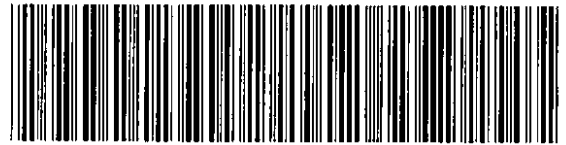
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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DIVISION OF CORPORATE AFFAIRS

RECEIVED

R. HUNT

09/06/23



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Garcia's Landscaping and More, LLC  
(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:

Grace M White  
(Contact Person)

Impact Community Business Services LLC  
(Firm/Company)

298 E Eau Gallie Blvd  
(Address)

Indian Harbour Bch, FL 32937  
(City/State and Zip Code)

For further information concerning this matter, please call:

Grace M White at (321) 652-8612  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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FLORIDA  
DIVISION OF CORPORATIONS

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303





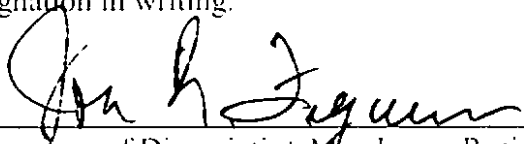
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: GARCIA'S LANDSCAPING AND MORE LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L21000275849
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/27/2023
4. I, FIGUEROA, Jose R, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
AP  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X   
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE