122000053075

(Requestor's Name)
(Address)
(Address)
(13333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodineit Mainber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, ,

Office Use Only



600382663046

04/29/22=+01009=+032 **25.00

COCC MEN 29 THE 2-TO COLCALIANT OF STATE FALL ARAGSEE, FLORIDA

JUN 2 2 2022

S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations

RODOLFO LAWN AND LANDSCAF SUBJECT:	'ING MAINTENANCE LLC
	ed Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
RODOLFO PINEDA-GUTIERREZ	
(Contact Person)	
RODOLFO LAWN AND LANDSCAPING MAINTE	NANCE LLC
(Firm/Company)	
1744 SE ELKHART TERRACE	
(Address)	
PORT ST LUCIE, FL 34952	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
RODOLFO PINEDA GUTIERREZ	772 529-2877 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
■ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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)

	c limited liability company a	s it appears on the records of the l	Florida Depa	artment
2. The Florida doc	cument/registration number a	assigned to this limited liability co	ompany is:	
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is:	04/25/2022	
4. I, LETICIA YAN	EZ Name of Person Resigning)	, hereby withdraw/resign as	; a	
MGR				
	(Print Title)			
of this limited lieresignation in w		he limited liability company has t	oeen notified	l of my
Signature of D	Dissociating Member or Resig	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAHAS	2022 APR 2