

122000263592

(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



600390852246

07/18/22--01039--005 **25.00

FILED
2022 JUL 18 PM 1:27
CLERK OF COURT
CLERK'S OFFICE
TALLAHASSEE, FL

CL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heavenly places lawn care 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:

Edwin Lopez Roque

(Contact Person)

Heavenly places lawn care llc

(Firm/Company)

2641 whalebone bay drive

(Address)

Kissimmee FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Lopez Roque

(Name of Contact Person)

at (787)

536-4063
(Area Code & Daytime Telephone Number)

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

FILED
2022 JUL 18 PM 1:27
TALLAHASSEE, FL



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: Heavenly places lawn care llc

2. The Florida document/registration number assigned to this limited liability company is: L22000 263592

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/27/2022

4. 1. Mariela lopez cotto, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized representative
(Print Title)

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

Mariela Lopez Cotto

Signature of Dissociating Member or Resigning Manager

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