123000227140

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
·	10. 1 FT: 10.	
(Cit	ty/State/Zip/Phone	9 #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Cardifical Casina	C - 4:5:	
Certified Copies	_ Certificates	s of Status
		·
Special Instructions to	Filing Officer:	
11	mills	
	MIND	

Office Use Only



500433980515

97/30/24--01023--011 **25.00

16.50 ... 65 ... 5.54

COVER LETTER

TO:	_	stration Section ion of Corporations		
SUBJ	NEW GREEN LANDSCAPING SOLUTIONS LLC			
		(Name of Limite	ed Liability Cor	npany)
The er	nclosed	I member, resignation or dissociat	tion and fee(s	s) are submitted for filing.
Please	return	all correspondence concerning th	nis matter to:	
PATRI	CIA NU	JNES		
		(Contact Person)		-
TAX S	OLUTE	ONS & BOOKKEEPING LLC		
		(Firm/Company)		_
7751 K	INGSP	OINTE PKWY SUT 119		
		(Address)	•••	_
ORLA	NDO. F	L 32819		
		(City/State and Zip Code)		-
For fu	rther in	nformation concerning this matter	, please call:	
PATRI	CIA NU		407 at (930-0829
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
	•	ease find a check made payable to		-
= \$2:	5 Filin	g Fee	□ \$55 Filing	g Fee & Certified Copy
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, 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 t	he records of the Florida Department
of State is:	~-3 ``````````
2. The Florida document/registration number assigned to this L23000227140	
3. The date this member/manager withdrew/resigned or will w 4. I, GILBERTO DA SILVA GOMES (Print Name of Person Resigning), hereby w	
(Print Name of Person Resigning) AMBR (Experimental Person Resigning) (Experimental Person Resigning)	
of this limited liability company and affirm the limited liabil resignation in writing.	ity company has been notified of my
Signature of Dissociating Member or Resigning Manager	