L23000261921

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Du	Siliess Elluty Ivali	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	•	

Office Use Only



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08/16/24--01018--021 **25.00

024 AUG 16 AM 8: 31

COVER LETTER

Division (of Corporations	
SUBJECT:	Huxters lawn (Name o	of Limited Liability Company)
The enclosed me	mber, resignation or di	issociation and fee(s) are submitted for filing.
Please return all o	correspondence concer	rning this matter to:
	athan Atwoter	<u></u>
	(Contact Person)	
	Atwater lawn (Firm/Company)	<u>ror c</u>
	420 NE 22n.	d Ave
	Ocala FL 344 (City/State and Zip Code)	470
For further inform	nation concerning this	matter, please call:
Na‡	hun Atwater	at (<u>352</u>) <u>450 0223</u> (Area Code & Daytime Telephone Number)
(Name	of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please f	and a check made pays	able to the Florida Department of State for:
☑ \$25 Filing Fee	· ·	☐ \$55 Filing Fee & Certified Copy
_	on Section	Street Address: Registration Section
	of Corporations	Division of Corporations
P.O. Box Tallahasse	6327 ee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration Section



July 18, 2024

NATHAN ATWATER 420 NE 22ND AVENUE OCALA, FL 34470

SUBJECT: ATWATER'S LAWN CARE L.L.C.

Ref. Number: L23000267921

/!!S 1 6 2024

We have received your document for ATWATER'S LAWN CARE L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

List the name of the LLC how it appears on DOS records.

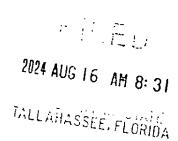
If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 324A00015769



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	s it appears on the records of the Florida Department
of State is:	Hwater bun care	· L.L.C.
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
_ L2300	00267921	·
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: 07-1-24
4. l. <u>Na fhur</u> Print N	ame of Person Resigning)	hereby withdraw/resign as a
Висл	ness partner (Print Tille)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Ma	the chie	
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	RECEIVED
		JUL - 9 2024