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(Re	questor's Name)	
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(Ad	ldress)	
(Ad	dress)	
(Cil	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		
WILL		

Office Use Only



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11/03/73--01027--024 **25.70



TO: Registration Section Division of Corporations
SUBJECT: Turff Kings 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:
Lawrence P Van Dunk (Contact Person)
(Firm/Company)
70lel Catlett Koad
Saint Augustine 7L 32095 (City/State and Zip Code)
For further information concerning this matter, please call:
Lawrence Plandun K at (904) 495-6020 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$

Street Address:

Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Mailing Address:

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314



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 con	nnany as it annea	rs on the records o	of the Florida	a Denar	tment
	Turff					
2. The Florida docu	ument/registration n	umber assigned t		ility compan	y is:	
<u>L230</u>	00376	30 <u>2</u>				
3. The date this me	mber/manager with	drew/resigned or	will withdraw/res	sign is: <u>10/</u>	19/2	<u>02</u> 3
4. I, <u>Masou</u> S	BOURGEOIS Jame of Person Resignin	, he				
MANA	ER (Print Title)			1		
of this limited lia resignation in wr	bility company and a ting.	affirm the limited	d liability compan	y has been in	2000 - 3	of my
mB	Ugeoria					*** \$25 +
Signature of Di	issociating Member	or Resigning Ma	nager	- -	AH 9: 43	() () () () () () () () () ()
Filing Fee:	\$25.00 (Require	ed)		•	ω	
Certified Copy:	\$30.00 (Optiona	ıl)				