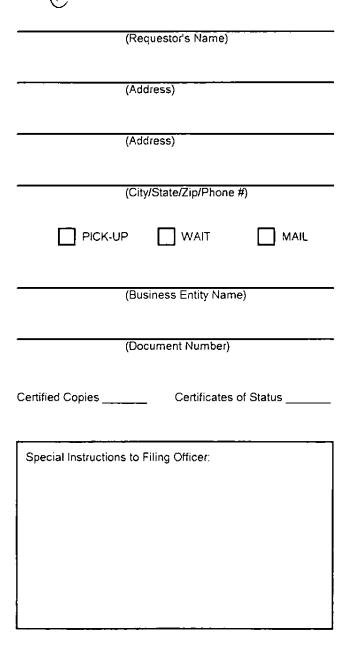
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SECTALIARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: South Florida Landworks 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:	
Capri Dibattisto (Contact Person)	
South Florida Landworks (Firm/Company)	
455 NE Airoso blvd.	
Port Soint Lucie, FL, 34983 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (772) 332-4654 (Area Code & Daytime Telephone Numb	<u></u>
Enclosed please find a check made payable to the Florida Department of State for: \$25 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

CR2E079 (2/14)



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:	South Florida	Landworks 1	LC.
	ument/registration number ass	signed to this limited liabili	ity company is:
3. The date this me	mber/manager withdrew/resig	 gned or will withdraw/resig	gn is: 12/21/23
4. I. Capri	OitaHiSto ame of Person Resigning)	, hereby withdraw/resi	gn as a
Chief	Financial Officer		
of this limited lial resignation in wri	pility company and affirm the ting.	limited liability company	has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ZOZY JAN -3 SECHLIAR TALLAHA