L24000150151

(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:				
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COVER LETTER

Registration Section

TO:

Division of Corporations L&H Site Prep and erosion control SUBJECT: (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: Landon walker Holland (Contact Person) (Firm/Company) 44233 woodland cir (Address) Callahan FL 32011 (City/State and Zip Code) For further information concerning this matter, please call: Landon Walker Holland (Area Code & Daytime Telephone Number (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

211-8.1	imited liability company as	s it appears on the records of the	he Florida Department
2. The Florida docum L24000150157	ment/registration number as	ssigned to this limited liability	company is:
3. The date this men	nber/manager withdrew/res	signed or will withdraw/resign	is:
4. I, Landon Walker Holland (Print Name of Person Resigning)			
Title MGR	ne of 1 ordan roungames		
of this limited liab resignation in writ		ne limited liability company ha	2021 dof my 17 17 17 23 SECONOCIDE 18 23
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		