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SEORETARY OF STATE
TALLAHASSEE FI OBLE.

D. SCOTT FEB 8 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	ited, L.L.C. dba Landscapes Unlimited, L.L.C of Nebraska (Name of Limited Liability Company)
DOCUMENTA NUMBER M990	
DOCUMENT NUMBER: M990	
The enclosed Resolution of the n name for use in Florida and fee	nembers, managers, or other authorized persons to Withdraw the Alternate are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Joey Williams	
(Name of Contac	Person)
Landscapes Unlimited, L.L.C.	
(Firm/Comp	pany)
1201 Aries Drive	
(Addres	5)
Lincoln, NE 68512	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
Joey Williams	at (402 \ \ 420-8292
(Name of Contact Person)	at (402) 420-8292 (Area Code) (Daytime Telephone Number)
Enclosed is a check made payable	to the Florida Department of State for the following amount of T
\$25.00 Filing Fee \$30.00 File Certificate of the ce	Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E128 (2/14)

RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES

I, the undersigned, do hereby certify that I am the Author	orized Person of
Landscapes Unlimited, L.L.C.	, a limited liability
(Name of Limited Liability Compar	
company duly organized and existing under the laws of	Nebraska
	(State or Country of Organization)
Because the name of this foreign limited liability comparation of the state of Florida Statutes, the limited liability company hereby realternate name in the state of Florida:	
Landscapes Unlimited, L.L.C. of Nebraska	
(Alternate Name Renounced i	State of Florida)
With m. Kul	1/25/2017
Signature of Authorized Person	Date

Make check payable to Florida Department of State and mail to:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E128 (2/14)

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SECRETARY OF STATE