(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:						
•						

Office Use Only



7000837.54987

Moismation

01/17/07--01002--030 **255.00

ZA

OZ JAH 16 PH W

SECRETARY OF STATALLAHASSEE, FLOR

FILED

AND TOTAL



Filing Evidence

UCC Filing & Search Services, Inc. 1574 Village Square Boulevard, Suite 100

Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Type of Document

A & D LAWN MAINTENANCE, LLC L03000029312

	Plain/Confirmation Copy			□ Certificate of Sta	U Certificate of Status		
□ Certified Copy				☐ Certificate of Go	od Standing		
			□ Articles Only				
	Retrieval Reque	<u>st</u>		□ All Charter Docu Articles & Amer □ Fictitious Name □ Other			
	NEW FILINGS			AMENDMENTS			
	Profit			Amendment			
	Non Profit		X	Resignation of RA Officer/Director			
	Limited Liability			Change of Registered Agent			
	Domestication			Dissolution/Withdrawal			
	Other			Merger			
				· · · · · · · · · · · · · · · · · · ·			
OTHER FILINGS			REGISTRATION/QUALIFICATION				
	Annual Reports		Foreign				
	Fictitious Name			Limited Liability			
	Name Reservation			Reinstatement			
	Reinstatement			Trademark			
				Other			

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED JAN 16 PM 5: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 60	8.509, Florida Statu	es, the undersigned,		
Curtis Cassner PA			, hereby resigns as		
ŋ	lame of Registered Agent)	,			
Registered Agent for A	& D Lawn Maintenance	e, LLC			
A & D Lawn Maintena	ance, LLC				
	(Name of Limited Liab	ility Company)	7		
L03000029312					
(Document Number	if known)		A Comment of the Comm		
A copy of this resignation	was mailed to the above list	ed limited liability o	ompany at its last known address.		
The agency is terminated a	nd the office discontinued	on the 31st day after	the date on which this statement is filed.		
	(Signature of Ro	esigning Agent)			
If signing on behalf of an e	ntity:				
****		<u></u>			
	(Typed or Pr	inted Name)			
_	(6				

\$ 85.00 \$ 25.00

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314