

# F67530

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

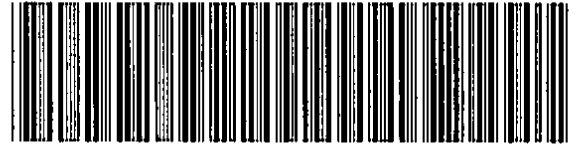
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2021 NOV 24 AM 10:15  
SECRETARY OF STATE  
PAID 14.00

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Scott Lewis Gardening & Trimming, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** F67530

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Lewis.

\_\_\_\_\_  
(Name of Person)

Scott Lewis Gardening & Trimming, INC

\_\_\_\_\_  
(Name of Firm/Company)

514 14th Street

\_\_\_\_\_  
(Address)

West Palm Beach, FL 33401

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Lewis

\_\_\_\_\_  
(Name of Person)

at ( 561 ) 389-9667  
(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2021 NOV 24 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Carol J Lewis

(Name of Registered Agent)

hereby resigns as Registered Agent for Scott Lewis Gardening & Trimming, INC.

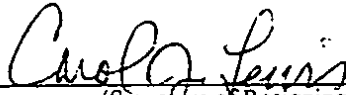
(Name of Corporation)

F67530

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Carol J Lewis

(Typed or Printed Name)

Individual

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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