

L04000028623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

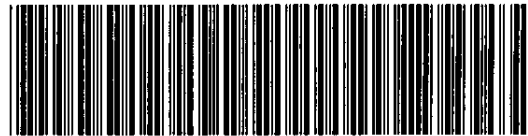
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STATE OF TEXAS
FALL ANNUAL REPORT

2012 JAN 30 AM 10:47

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OAK LEAF NURSERY & LANDSCAPE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000028623

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RALPH V HADLEY III
Name of Person

SWANN HADLEY STUMP DIETRICH & SPEARS PA
Name of Firm/Company

1031 W MORSE BLVD SUITE 350
Address

WINTER PARK FLORIDA 32789
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH V HADLEY III at (407) 647-2777
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for ~~\$85.00 for an active limited liability company~~ \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2012 JAN 30 AM 10:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

SWANN & HADLEY, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for OAK LEAF NURSERY & LANDSCAPE, LLC

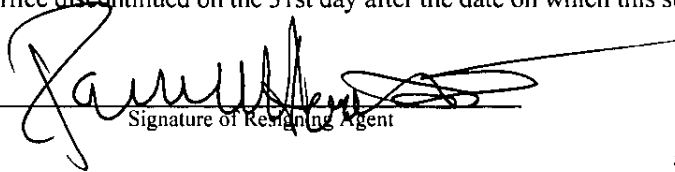
Name of Limited Liability Company

L04000028623

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

RALPH V HADLEY III

Typed or Printed Name

VICE PRESIDENT

Capacity

FILED
2012 JAN 30 AM 10:47
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 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