

L04000084601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

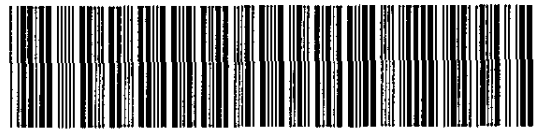
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03/07/06--01008--003 **55.00

FILED
2006 MAR -7 AM 11:09
TALLAHASSEE, FLORIDA

J. BRYAN MAR 10 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIM TRIM LAWN MAINTENANCE AND HANDYMAN SERVICES LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EPHRAIM E. JOHNSON

(Name of Person)

TRIM TRIM LAWN MAINTENANCE AND HANDYMAN SERVICES

(Firm/Company)

2836 SW MARQUIS TERRACE

(Address)

STUART FL 34997

(City/State and Zip Code)

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For further information concerning this matter, please call:

EPHRAIM E. JOHNSON

(Name of Person)

at (772) 480-1537

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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,

EPHRAIM E. JOHNSON

(Name of Registered Agent)

, hereby resigns as

Registered Agent for TRIM TRIM LAWN MAINTENANCE AND HANDYMAN SERVICES L

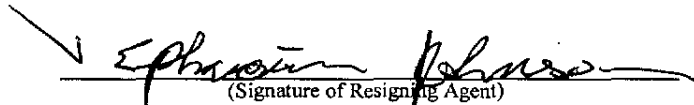
(Name of Limited Liability Company)

L04000084601

(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:

(Typed or Printed Name)

(Capacity)

FILED
2006 MAR -7 AM 11:09
TALLAHASSEE, FLORIDA

FILING FEES:

~~\$ 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