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. .

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
		3 11
	(Business Entity Name)	4
	(Document Number)	- <u> </u>
	Certificates of	Status
Special Instructions	s to Filing Officer:	
8: 8:	FLORIDA FLORIDA	
RECEIV IN ACT 14 A	STATARY Office Use Only	

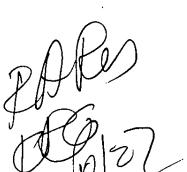
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	TNT LAND	SCAPE & IRF of Limited Liabil	RIGATION	ILLC	
DOCUMENT NUT					
DOCUMENT NU	MBEK:	LUQUU	<u>0004636</u>		
The enclosed Resig for filing.	nation of Registered	Agent for a Limi	ted Liability	Company and fee are se	ubmitted
Please return all co	rrespondence concerr	ning this matter to	the followi	ng:	
	OLBY THOMPSOI	N			
	Name of Person	_			
T.NT Lan	nd scaped Ir	rigation			
1	Name of Firm/Company	y ^u			
	320 LARCH ROAD				
	Address				
	OCALA, FL 34480				
	City/State and Zip Code	• /	_ _		
F mail address: (lafrog123@aol.com	al report potification	7.		
•		· /			
For further informa	tion concerning this	matter, please cal	1:		
LaN	lita Schol	at (352	,	789-0702	
	ne of Person	Area Co	de & Daytim	789-0702 e Telephone Number	
Enclosed is a check liability company of limited liability cor	r \$25.00 for an admii	Florida Departm nistratively dissol	ent of State lved, volunta	for \$85.00 for an active arily dissolved or withdr	limited awn

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ection 608.416(2) or 608.509, Florida Statutes, the under	ersigned,
	y Thompson , hereby res	igns as
Name	f Registered Agent	
Registered Agent for	TNT LANDSCAPE & IRRIGATION I	LC
	Name of Limited Liability Company	
L080000046		
Document Number, it	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 t	ne 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 entit	<i>r</i> :	
	Typed or Printed Name	09007-9
***************************************	Capacity	

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

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company