108000076554

(Requestor's Name)					
(Address)					
(Address)					
(1831-333)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Boodinett Nambel)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
openia incharación inigonación					

Office Use Only



200196708252

FILING CANCELLED RETURNED CHECK

03/07/11--01031--009 **85,00

RA Kezigo



1 3-15-11

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations						
SUBJECT: FCHC Lawn Service Name of Limited Liability Company						
DOCUMENT NUMBER:						
The enclosed Resignation of Registered Ages for filing.	nt for a Limited Liability Company and fee are submitted					
Please return all correspondence concerning	this matter to the following:					
Ruth A. Plummer Name of Person						
Name of Firm/Company						
128 Bob-o-Link Circle Address						
Daytona Beach, Florida 3211 City/State and Zip Code	14					
freespirit8618@yahoo.com E-mail address: (to be used for future annual rep	port notification)					
For further information concerning this matter	er, please call:					
Ruth A. Plummer Name of Person	at (386) 244-0883 Area Code & Daytime Telephone Number					
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administratimited liability company.	rida Department of State for \$85.00 for an active limited atively dissolved, voluntarily dissolved or withdrawn					
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section					

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	is of section 608.416(2) or 608.509, Florida Stati	utes, u	ne undersigned	,
	Ruth A. Plummer	, here	by resigns as	A.O. A. MARCO
	Name of Registered Agent	-,	,,,,	
Registered Agent for	FCHC Lawn Ser	vice	LLC	
	Name of Limited Liability Company			10
L08000	076554			
Document Nu	mber, if known			**/
.,	n was mailed to the above listed limited liability	-	-	
The agency is terminated	and the office discontinued on the 31st day after the state of Resigning Agent		FII	LING CANCELLED
If signing on behalf of ar	n entity:			
- •	Kusth A, Plumpue Typed or Printed Name	eR		
	Capacity	<u>.</u>		

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