

109000098421

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J. LEGGETT
DEC 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: General Mow, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000098421

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:

Oscar A. Garcia

Name of Person

Name of Firm/Company

6100 Blue Lagoon Dr., Suite 430

Address

Miami, FL 33126

City/State and Zip Code

oagarcia@outlook.com

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

For further information concerning this matter, please call:

Oscar A. Garcia

Name of Person

at (

305

)
Area Code

665-1250

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Oscar A. Garcia, Esq. _____ hereby resigns as
Name of Registered Agent

Registered Agent for General Mow, LLC

Name of Limited Liability Company

L09000098421
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.

If signing on behalf of an entity:

Signature of Resigning Agent

Typed or Printed Name

Capacity

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

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withdrawn limited liability company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