L11000022630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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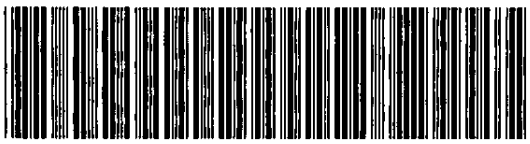

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 14 AM 11:36

OCT 28 2014
T. CARTER

LLC RA Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANCIENT City HARDSCAPES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 11000022630

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:

Christopher M Bason
Name of Person

Ancient City Hardscapes, LLC
Name of Firm/Company

6500 Sherry Lane
Address

St. Augustine, Fl 32095
City/State and Zip Code

ancientcityhardscapes@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Bason at (904) 826-6167
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 14 AM 11:36

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

Tamara R Bason , hereby resigns as
Name of Registered Agent

Registered Agent for Ancient City Hardscapes, LLC

Name of Limited Liability Company

L11000022630
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:

Ancient City Hardscapes, LLC
Typed or Printed Name

Registered Agent and Manager
Capacity

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

INHS17 (2/14)