## U110000068976

(Requestor's Name)	
, ,	
(Address)	
(Address)	<del></del> .
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Degree and Musels at	<u> </u>
(Document Number)	
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SEURETARY OF STATE ALLAHASSEE, FLORIDA

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T. ISLAISUX

## **COVER LETTER**

	sion of Corporations					
CHD IECT.	Longs Turf Industries, LLC					
SUBJECT:		Name of Corpora	ation)			
DOCUME	NT NUMBER: L1100006897	-	···········			
The enclose	The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin					
Please retur	n all correspondence concerning	g this matter to	the following:			
Christophe	er J Long					
	(Name of Person)		<del>,</del>			
<del> </del>	(Name of Firm/Company)					
2975 Clay	Whaley Rd					
· · · · · ·	(Address)		<del></del>			
St Cloud F	L 34772					
	(City/State and Zip Code)		_			
For further	information concerning this mat	tter, please call	:			
Margaret \	/ Long	<b>407</b> at (	791-3642			
	(Name of Person)		de & Daytime Telephone Number)			

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Margaret V Long (Name of Registered Agent)
Long's Turf Industries, LLC hereby resigns as Registered Agent for
(Name of Corporation)
L11000068976
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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 Drinted Name)
(Typed or Printed Name)
ALL.

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

(Capacity)