L/20000027509

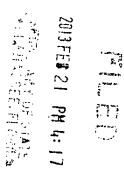
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
FEB 2 2 2019	
A. LUNT	
	╝

Office Use Only



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02/21/13--01018--026 **87.50



COVER LETTER

Division of Corporations	
SUBJECT: Best Choice Nursery and L	andscaping LLC
(Name of Corporat	ion)
DOCUMENT NUMBER: L12000027509	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Cesar Valdez	
(Name of Person)	
Best Choice Nursery & Landscaping LLC (Name of Firm/Company)	
5141 Pine Island Rd	
(Address)	\$7 -
Bokeelia, FL 33922 (City/State and Zip Code)	.
For further information concerning this matter, please call:	
Cesar Valdez (Name of Person) at (239 (Area Code	560-5264 e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	1509,	
Florida Statutes, the undersigned, Rigoberto Beltran Jr		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Best Choice Nursery & Landscap	ing LLC	
(Name of Corporation)		
L12000027509		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on which	
Region to Feltran. (Signature of Resigning Agent)	72 TO THE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH	
If signing on behalf of an entity:	22 P	
Cascer Valdez (Typed or Printed Name)	PM W: 17	
owner		
(Capacity)		

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