

L12000052225

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 26

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BONITA LAWN CARE LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L12000052225

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:

CLAUDIO BALLI  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

26457 DOVERSTONE ST  
Address

BONITA SPRINGS FL 34135  
City/State and Zip Code

BGROUP1291@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIO BALLI at ( 239 ) 280-6334  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for 685.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JOHN MORIARTY, hereby resigns as  
Name of Registered Agent

Registered Agent for BONITA LAWN CARE LLC

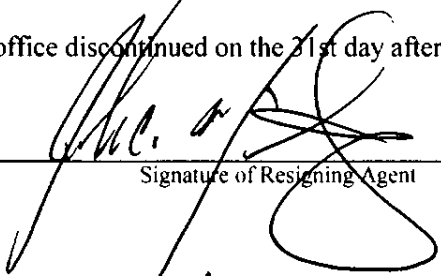
Name of Limited Liability Company

L12000052225

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:

JOHN C. MORIARTY  
Typed or Printed Name

AGENT  
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

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