

L/2000/22459

(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:

JAN 14 2013

A. LUNT

Office Use Only



600254564886

01/06/14--01009--003 \*\*85.00

FILED  
2014 JAN -6 PM 4:47  
MILWAUKEE, WI 53201

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** All American Home & Garden, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000122459

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:

**Duane S Brantley**

Name of Person

**All American Home & Garden**

Name of Firm/Company

**18335 SR 52**

Address

**Land O Lakes, FL 34638**

City/State and Zip Code

**det\_oconnor@hotmail.com**

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

For further information concerning this matter, please call:

**Det O'Connor**

Name of Person

at ( **352** )

Area Code

**232-0562**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2014 JAN -6 PM 4:47  
TALLAHASSEE, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**Nestor Nazario**

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **All American Home & Garden, LLC**

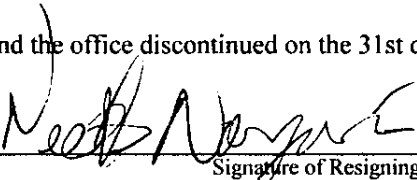
\_\_\_\_\_  
Name of Limited Liability Company

**L12000122459**

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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**