

L12000 129368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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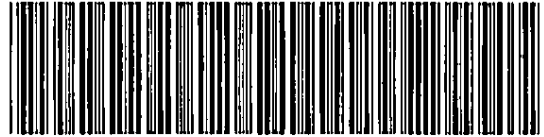
(Business Entity Name)

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TALLAHASSEE, FLORIDA

Y. SULKER

SEP 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONSTER GRASS AND TURF LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000129368

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:

FRANK MARTINEZ

Name of Person

FRANK MARTINEZ PA

Name of Firm/Company

17901 SW 288 ST

Address

HOMESTEAD, FL 33030

City/State and Zip Code

OFFICE@MARTINEZPA.COM

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

For further information concerning this matter, please call:

FRANK MARTINEZ

Name of Person

407

Area Code

9084075

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

FRANK MARTINEZ PA

Name of Registered Agent

, hereby resigns as

Registered Agent for **MONSTER GRASS AND TURF LLC**

Name of Limited Liability Company

L12000129368

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:

FRANK MARTINEZ PA

Typed or Printed Name

DIRECTOR

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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