# L13000104559

(Requestor's Name)
(Address)
(Address)
(radioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bookinent Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000367663190

06/07/21--81016--020 \*\*25.00

2021 JUN -7 AH 6: 33

16

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Don Beno's Lawn Care LLC  Name of Limited Liability Company
Name of Limited Liability Company
DOCUMENT NUMBER: L13000104559
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 und	lersigned,	
United States Corporation Agents, Inc.	. hereby resigns as	
Name of Registered Agent		
Registered Agent for Don Beno's Lawn Care LLC		
Name of Limited Liability Company	,	
L13000104559		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liabilit.  The agency is terminated and the office discontinued on the 31st day affective discontinued discontinued on the 31st day affective discontinued disco	ter the date on which this statement is filed.	
If signing on behalf of an entity:	2021 JUN	
Cheyenne Moseley	, ,	
Typed or Printed Name		
Asst. Secretary for United States Corporation A	Agents, Inc.	
Capacity	Agents, Inc.  LURIUA	

**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