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(R	equestor's Name)				
(Address)					
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(C	ity/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

Division of Corporations
SUBJECT: FEHrim Landscape + Home Maintenance LUC Name of Limited Liability Company
DOCUMENT NUMBER: UNDUUTUM 055
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:
Carrett Kenny Name of Person
Feltrim Development NA Inc. Name of Firm/Company
116 7010 Park & Blud Address
City/State and Zip Code
Macaulay & Fettim. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bacco Carpanter at (803) 353.0006 Name of Person at (803) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Flor	ida Statutes, the under	rsigned,	
Garrett 1	<i>lenny</i>		, hereby resigns as	
Registered Agent for	Name of Limited Lia	dscape + e uc bility Company	Home	
U3000100	7335 ber, if known			
A copy of this resignation	was mailed to the above l	isted limited liability	company at its last	known address.
The agency is terminated	hart	d on the 31st day after	the date on which	this statement is filed.
If signing on behalf of an	entity:			FEB -
-	Typed or	Printed Name		M Co
-	Сар	acity		9

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314