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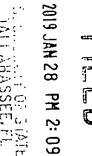
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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Statement of Application



### COVER LETTER

Green Label Gardens LLC	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L14000137520	<del></del>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Janna Pantoja 1 800	773-0888 x 3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provis	ions of section 605.0115, Florida Statt	ites, the undersigned.			
United States Corporation Agents, Inc.		, hereby resign	is as		
	Name of Registered Agent				
Registered Agent for	Green Label Gardens LLC				
	Name of Limited Liability Con	npany			<u>_</u> ·
L14000137520					
Document	Number, if known				
	tion was mailed to the above listed limited and the office discontinued on the Signature of Re-	31st day after the date on w			
If signing on behalf of			- ji	2019 JAN 28	<b>****</b> ********************************
	Cheyenne Moseley		Ξ-,	AN	L.
	Typed or Printed No. Asst. Secretary for United States Co.		HASSE	28 PM	771
	Capacity		STATE	f 2: 09	O

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

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00