

L14000159749

(Requestor's Name)

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(Business Entity Name)

(Document Number)

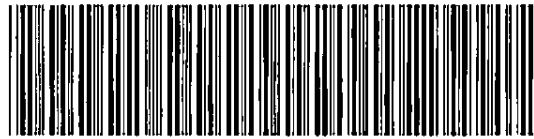
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DIVISION OF CORPORATIONS
STATE OF NEW YORK

11/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Garden Pet Urns, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000159749

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:

Maria Zagara

Name of Person

Garden Pet Urns, LLC

Name of Firm/Company

12970 174th Ct N

Address

Jupiter, FL 33478

City/State and Zip Code

gardenpeturns@gmail.com

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

For further information concerning this matter, please call:

Maria Zagara

at (561) 767-7907

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
DIVISION OF CORPORATIONS
NOV 17 PM 4:01

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

Janice Berry

, hereby resigns as

Name of Registered Agent

Registered Agent for Garden Pet Urns, LLC

Name of Limited Liability Company

L14000159749

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.

Janice Berry
Signature of Resigning Agent

If signing on behalf of an entity:

Janice Berry
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withdrawn limited liability company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

INHS17 (2/14)



ALEJANDRA VILLALOBOS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF076759
Expires 12/15/2017

[Signature]