

L15000021016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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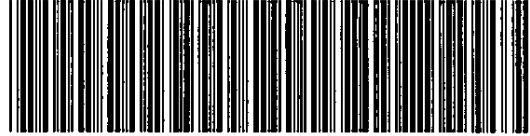
(Business Entity Name)

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STATE
TALLAHASSEE, FLORIDA

AUG 16 2015
18101

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kim Champagne Lawn Service, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L150000 21016

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:

Kim Champagne
DONNA CUERBO
Name of Person

Name of Firm/Company

281 Ocean Reef Lane
Address

Naples, FL 34114
City/State and Zip Code

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

For further information concerning this matter, please call:

DONNA CUERBO at (239) 571-7296
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

DONNA CUERBO, hereby resigns as
Name of Registered Agent

Registered Agent for Kim Champagne Lawn Service, LLC
Name of Limited Liability Company

L15000021016
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.

Donna Cuervo
Signature of Resigning Agent

If signing on behalf of an entity:

Danna Cuervo
Typed or Printed Name
Registered Agent
Capacity

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2016 AUG 15 A 10:43
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