

L15000153093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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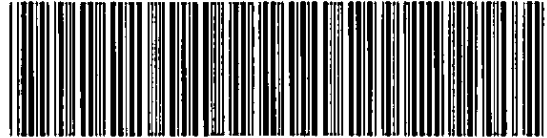
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

2020 FIVE 01 11 01 01

SUBJECT: Seminole Landscaping & Garden Design, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000153093

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:

Steve A. McKown CPA
Name of Person

Joseph D. Miller, Jr & Company, PA
Name of Firm/Company
Certified Public Accountant
443 E Pasadena Ave
Address

Clewiston FL 33440
City/State and Zip Code

steve@josephmillercpa.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve at (863) 599 0868
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Joseph D. Miller, Jr. & Company, PA, Certified Public Accountant
Name of Registered Agent hereby resigns as

Registered Agent for Seminole Landscaping & Garden Design, LLC
Name of Limited Liability Company

L15000153093
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.

Steve A Miller CPA
Signature of Resigning Agent

If signing on behalf of an entity:

Joseph D. Miller, Jr. & Company, PA, Certified
Public Accountant
Owner / President
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

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TALLAHASSEE, FL

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