# 

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				





700290628447

09/28/16--01019--009 \*\*85.00

DIVISION OF CORPORATIONS

16 SEP 28 PH 2: 07

O SIMMONS SEP 29 2016

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Earth and Water Scapes, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000091573	
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	ne following:
Robert Geyer	
Name of Person	
Name of Firm/Company	
2676 Tree Meadow Loop	
Address	•
Apopka, FL 32712	
City/State and Zip Code	
rgeyer@earthandwaterscapes.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Martin Calvillo 407	274-6377
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provision	ons of section 605.0115, Florida Statu	ites, the undersigned,		
Robert Geyer		, hereby resigns as		
	Name of Registered Agent	,		
Registered Agent for	arth and Water Scapes, LLC			
	Name of Limited Liability Con	npany	,	
L16000091573				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed lim	tited liability company at its last know	vn address.	
The agency is terminate	ed and the office discontinued on the	31st day after the date on which this s	16 SEP	iled.
If signing on behalf of	an entity:		28 of co	
	Robert Geyer		<b>P</b>	Ш
	Typed or Printed Note Vice President  Capacity	ame	2: 07	0

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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