# 1170000 50985

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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SECRETARY OF STATE
TALL AHASSEE, FI GRIDA

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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:SUBJECT:	ces LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000050985	<u> </u>
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 th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Äddress	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Janna Pantoja 800	773-0888 x3950
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	ns of section 605.0115, Florida Statutes,	the undersigned,
United States Corpe	oration Agents, Inc.	, hereby resigns as
Name of Registered Agent		(
Registered Agent for <u>G</u>	REEN TEAM Lawn and Orname	ntal Services LLC
	Name of Limited Liability Company	<u>,                                     </u>
L17000050985		
Document Nu	mber, if known	
If signing on behalf of a	n entity:	1:5
	Cheyenne Moseley	<i>b</i> • —
	Typed or Printed Name	
	Asst. Secretary for United States Corpo	pration Agents, Inc.
	Capacity	

### FILING FEES: \$ 85.00 Active \$ 25.00 Admin

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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