# LI7000 127438

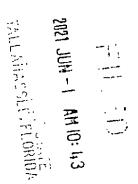
(Requestor's Name)		
(Address)		
(Address)		
(Addicas)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Boodine (Chamber)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Ţ		

Office Use Only



800366435778

06/01/21--01008--022 \*\*25.00



-Ke

#### **COVER LETTER**

SUBJECT: E.A. Carpenter Landscaping and Property	Maintenance, LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000127838	
The enclosed Resignation of Registered Agent for a Limited for filing.	H Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	•
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
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:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

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

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unders	signed.
United States Corp	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	nercoy resigns as
Registered Agent for	A. Carpenter Landscaping and Property I	Maintenance, LLC
	Name of Limited Liability Company	<u> </u>
L17000127838		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after to Signature of Resigning Agent	the date on which this statement is filed.  2021 JUNI - I AM IO: 4.3  hts, Inc.
If signing on behalf of a	an entity:	
	Cheyenne Moseley	<u> </u>
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ager	nts, Inc.
	Capacity	

### FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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