

L170000179002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

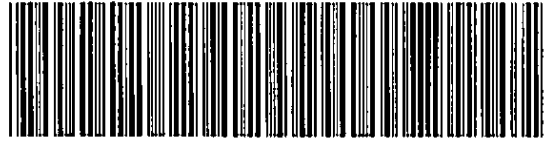
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J. HORNE  
NOV 15 2021

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10/15/21--01004--001 \*\*50.00

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FILED  
2021 OCT 15 PM 1:40  
SECRETARY OF STATE  
-11 ABASSETT 111



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT -5 AM 11:55

August 27, 2021

IVAN E GUARDIOLA  
118 NO NAME KEY DR  
DELAND, FL 32720 US

SUBJECT: J I TREE SERVICE LLC  
Ref. Number: L17000179002

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION RESIGNATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 821A00020767

03

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: JI Tree Service LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000179002

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:

Ivan Guardiola  
Name of Person

Name of Firm/Company

118 no name Key Dr  
Address

Deland FL 32738  
City/State and Zip Code

Jaime Tree Service 7@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Jaime Rivera at ( 386 ) 315-3333  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Ivan Guardiola, hereby resigns as  
Name of Registered Agent

Registered Agent for J I Tree Service LLC  
Name of Limited Liability Company

L17000179002  
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.

Ivan E Guardiola  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FL