

L17000 239 347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

JU 29/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND LANDSCAPE SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000239347

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:

Joseph H Brown

Name of Person

Blount Law PL

Name of Firm/Company

809 Walkerbilt Road, Suite 6

Address

Naples, FL 34110

City/State and Zip Code

jbrown@blountlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph H Brown

Name of Person

at (239) 5924815
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Shaina Muth _____, hereby resigns as

Name of Registered Agent

Registered Agent for ISLAND LANDSCAPE SERVICES, LLC

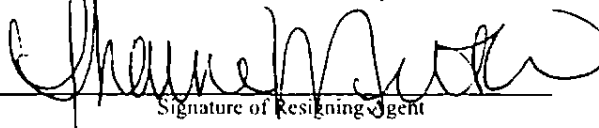
Name of Limited Liability Company

L17000239347

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.



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

SECRETARY OF STATE
TALLAHASSEE, FL

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