118000145798

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunny dayz Tree and landscape IIc	
Name of Limited Liability Company	
DOCUMENT NUMBER: L18000145798	
The enclosed Resignation of Registered Agent for a Limited Liability of for filing.	Company and fee are submitted
Please return all correspondence concerning this matter to the followin	g:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	2022
raresignations@legalzoom.com	2022 JUL 19
E-mail address: (to be used for future annual report notification)	. 19
For further information concerning this matter, please call:	The state of the s
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provi	sions of section 605,0115, Fl	orida Statutes, the unders	signed.				
United States Co	orporation Agents, Inc.		hambu malima sa				
Name of Registered Agent		·	hereby resigns as				
Registered Agent for	Sunny dayz Tree and I	andscape llc					
	Name of Limited I	ighilits Company			·		
	ranc or thinned (naturity Company					
L18000145798							
Documen	t Number, if known						
A copy of this resign	ation was mailed to the above	e listed limited liability o	omnuny at its last kn	own add	roce		
The agency is termin	ated and the office discontinu	ued on the 31st day after the state of Resigning Agent	the date on which thi	s statem	ent is f	iled.	
If signing on behalf o	of an entity:			٠ ٦	26		
	Cheyenne Moseley			 .49 	2022 JUL	. : •	
	l'yped (or Printed Name		. 1			
Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.		9	. –		
	Ci	npacity	N-				
	FILING FEF \$ 85.00 Ac \$ 25.00 Ac	ES: ative limited liability con lministratively dissolved ithdrawn limited liability	apany / voluntariły dissolv / company	ed/	20		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314