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(Re	questor's Name)	
(Add	dress)	
- (Ada	dress)	
(Adi	uiess)	
(Cit	y/State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to I	Filing Officer:	

Office Use Only



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C. GOLDEN SEP - 6 2019

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Name of Limited Liability	
		y Company
DOC	JMENT NUMBER: L18000190061	
The er	nclosed Resignation of Registered Agent for a Limiteng.	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to	he following:
Unite	d States Corporation Agents, Inc.	
	Name of Person	_
Lega	zoom.com, Inc.	
	Name of Firm/Company	_
101 N	lorth Brand Blvd. 11th Floor	
	Address	_
Glend	dale, CA 91203	
	City/State and Zip Code	_
Ε	mail address: (to be used for future annual report notification)	_
For fu	rther information concerning this matter, please call:	
Janna	Pantoja at (1800 Area Code	773-0888 x3950
	Name of Person Area Code	Daytime Telephone Number

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 provisic	ons of section 605.0115. Florida Statutes, the under	signed.	
United States Corporation Agents, Inc.		hereby resigns as	
	Name of Registered Agent	, Thereof, resigns as	
Registered Agent for _	Veed free lawn & landscape LLC		
	Name of Limited Liability Company		·
L18000190061			
Document N	amber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability o	company at its last known ad	dress.
The agency is terminate	ed and the office discontinued on the 31st day after		
If signing on behalf of	an entity:)	
	Cheyenne Moseley		2010 AIC 27
	Typed or Printed Name		-1 -1
	Asst. Secretary for United States Corporation Age	ents, Inc.	P [1]
	Cupacity		5: 08

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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