219000022196

(Red	questor's Name)	
(Add	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	SERVICES, ETC. LEC
Name of Limited Liab	offity Company
DOCUMENT NUMBER: L19000022196	
The enclosed Resignation of Registered Agent for a Limfor filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the 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	on)
For further information concerning this matter, please ca	ill:
Joyce Yi 800	773-0888 x7789 Ode Daytime Telephone Number
Name of Person Area C	ode 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115. FI	orida Statutes, the under	rsigned.			
United States Corporation Agents, Inc.		_ , hereby resigns as				
	Name of Registered Agent					
Registered Agent for	RLV PROFESSIONAL	TREE & LAWN SE	RVICES, ETC	LLC		
<u> </u>						_
	Name of Limited	Liability Company				
L19000022196						
Document N	umber, if known	-				
A copy of this resignati	on was mailed to the abov	e listed limited liability (company at its las	t known a	iddress	•
The agency is terminate	ed and the office disconting	ued on the 31st day after	the date on which	n this state	ement	is filed.
		M				
	Sig	nature of Resigning Agent			2(
If signing on behalf of a	un entity:			11.15 12.7 12.7	1020 SEP 28	
	Cheyenne Moseley			;- ;- > ;- ;-	SE P	1
	Typed	or Printed Name			28	-
	Asst. Secretary for Unite	d States Corporation Age	ents. Inc.	SS.	<u>→</u>	
	(,	apacity		Ti co	AM 11: 50	
				PATE	: 50	
	\$ 25.00 Ac	ES: ctive limited liability co dministratively dissolve ithdrawn limited liabili	d/voluntarily dis:	solved/		

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