

L19000048777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

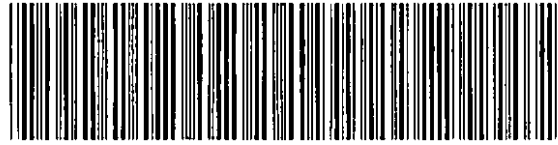
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wmills

Office Use Only



200432336812

07/31/24--01001--020 \*\$65.00

RECEIVED

2024 JUL 31 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JUL 31 10:01 AM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EDWARD THOMPSON LAWN CARE,LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L1900004877

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:

EDWARD THOMPSON

Name of Person

EDWARD THOMPSON LAWN CARE, LLC

Name of Firm/Company

10880 SW 188TH STREET

Address

MIAMI, FLORIDA 33157

City/State and Zip Code

thompsonthompson5541@gmail.com

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

For further information concerning this matter, please call:

EDWARD THOMPSON

786

232-7004

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

EDWARD THOMPSON

, hereby resigns as

Name of Registered Agent

Registered Agent for EDWARD THOMPSON LAWN CARE, LLC

EDWARD THOMPSON LAWN CARE, LLC

Name of Limited Liability Company

L19000048777

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:

EDWARD THOMPSON LAWN CARE

Typed or Printed Name

OWNER

Capacity

## **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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