L19 0000 74675

(Re	equestor's Name)	
·	,	
(Ac	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	€ #)
PICK-UP	☐ WAIT	MAIL
		
(Bu	siness Entity Nan	ne)
/Do	cument Number)	
(50	outhour rumber,	
Certified Copies	_ Certificates	of Status
		-
Special Instructions to	Filing Officer:	





200352188802

09/28/20--01025--007 **25.00



Ja 10/31/20

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: SINGLE DADS MOWING LLC Name of Limited Liability Company	
DOC	MENT NUMBER: L19000074675	
The elfor fil	closed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.	ł
Please	return all correspondence concerning this matter to the following:	
Unite	d States Corporation Agents, Inc.	
	Name of Person	
Lega	Zoom.com, Inc.	
-	Name of Firm/Company	
101 1	orth Brand Blvd. 11th Floor	
_	Address	
Glend	ale, CA 91203	
	City/State and Zip Code	
rares	gnations@legalzoom.com	
15-	nail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
Joyce	,	
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi-	ons of section 605.0115, Florida	Statutes, the unders	signed.				
United States Corporation Agents, Inc.			, hereby resigns as				
Name of Registered Agent		·					
Registered Agent for	SINGLE DADS MOWING	LLC					
	Name of Limited Liabili	ity Company				<u> </u>	
L19000074675							
Document S	umber, if known						
The agency is terminate	ed and the office discontinued o	n the 31st day after t	the date on which	ch this sta	itement	is filed	
If signing on behalf of a	on entity;			*	2		
Cheyenne Moseley				23)20 s		
	Typed or Prir	ited Name			ĘĘ.	Witness .	
	Asst, Secretary for United State	tes Corporation Ager	nts, Inc.	33	28	1 2.3C220	
	Capacity			OF STATE	PH 12: 44	MO	
	FILING FEES: \$ 85.00 Active \$ 25.00 Admini withdra	limited liability com stratively dissolved awn limited liability	ipany / voluntarily di / company	ssolved/	*		

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