1190000 81244

(Requestor's Name)			
(Address)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Basiliosa Elikiy Hallio)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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JQ 09/29/20

COVER LETTER

SUBJECT: Name of 1	Limited Liability	Company
DOCUMENT NUMBER: L19000081244		
The enclosed Resignation of Registered Age for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	this matter to t	he 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 rep	port notification)	-
For further information concerning this matt	er, please call:	
Jazmine Johnson	800	773-0888 x5122 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administrational liability company.	rida Departmer atively dissolve	nt of State for \$85.00 for an active limiteded, voluntarily dissolved or withdrawn limite

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provisions of section 605.0115	. Florida Statutes, the un	idersigned.
United States Corporation Agents, Inc	C.	_ , hereby resigns as
Name of Registered Agent		
Registered Agent for BTN Tree Climbing	& Removal LLC	
Name of Limi	ited Liability Company	
L19000081244		
Document Number, if known	 _	
A copy of this resignation was mailed to the al	bove listed limited liabili	ity company at its last known address.
The agency is terminated and the office discor	ntinued on the 31st day a	
If signing on behalf of an entity:		
Cheyenne Mosel	ley	
	yped or Printed Name	
Asst. Secretary for U	Inited States Corporation	Agents, Inc.
	Capacity	
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lia	v company blved/ voluntarily dissolved/2 bility company LAM AM TO TO TO TO TO TO TO TO TO T

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