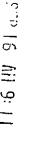


(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





COVER LETTER

SUBJECT: Unstoppable Lawn Care, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000171127

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:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

9900 Spectrum Dr.

Address

Austin, TX 78717

City/State and Zip Code

raresignations@legalzoom.com

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

For further information concerning this matter, please call:

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	igned,		
United States Corporation Agents, Inc. , hereby		hereby resigns as	reione as	
		, nercoy resigns as		
Registered Agent for	Instoppable Lawn Care, LLC			
	Name of Limited Liability Company			
L19000171127				
Document N	umber, if known			
	on was mailed to the above listed limited liability co			
The agency is terminate	ed and the office discontinued on the 31st day after to Signature of Resigning Agent			
If signing on behalf of an entity:			(IV.?	
Cheyenne Moseley			2072 SEP	
	Typed or Printed Name		<u>p</u>	
	Asst. Secretary for United States Corporation Age	nts, Inc.	<u> </u>	
	Capacity	- · ·		

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00