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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Business Entity Name)			
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SECRETARY OF STATE
TALLARIASSES STATE

12/2/20

COVER LETTER

SUBJECT: IRRITECH IRRIGATION SERVIC	ES LLC		
Name of Limited Liability Company			
DOCUMENT NUMBER: L19000173278			
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this r	natter to th	e 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 no	otification)		
For further information concerning this matter, ple	ease call:		
at (800	773-0888 x7789	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

FILED

STATEMENT OF RESIGNATION OF RESIGNAT

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the underst	igned.	
United States Cor	poration Agents, Inc.	nereby resigns as	
Name of Registered Agent		_ nereng realigns as	
Registered Agent for _	RRITECH IRRIGATION SERVICES LLC		
	Name of Limited Liability Company	,	
L19000173278			
Document?	Sumber, it known		
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminal	ed and the office discontinued on the 31st day after t	he date on which this statement is filed.	
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ager	nts. Inc.	
	Capacity		

FILING FEES: \$ 85.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ \$ 25.00 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