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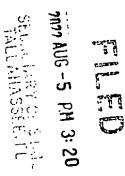
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COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: Moe's Lawns LLC	•	
	nited Liability	Company
DOCUMENT NUMBER: L19000182588	med Elaomiy	Company
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	s matter to th	ne 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		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, J	please call:	
at	800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	igned.		
United States Corp	poration Agents, Inc.	harabu raginas as		
	Name of Registered Agent	hereby resigns as		
Registered Agent for _	Moe's Lawns LLC			
	Name of Limited Liability Company			
L19000182588				
Document N	lumber, if known			
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known a	ddress.	
The agency is terminate	ed and the office discontinued on the 31st day after t	the date on which this state	ment is	filed.
	au			
	Signature of Resigning Agent	<u>∨</u> 	707	
If signing on behalf of	an entity:		pnzz AUG	•==
	Cheyenne Moseley		<u>.</u>	ಕಾಗಾಗಿ ಕಾಗಾಗಿ ಕಾಗಾಗಿ
	Typed or Printed Name	HAS	S	đ
	Asst. Secretary for United States Corporation Ager	· • · · · ·	\mathbb{R}	
	Capacity	Market mark mark	3: 20	(tage)

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