# L19000188606

(Requestor's Name)
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(Address)
(Addiesa)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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### **COVER LETTER**

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SUBJECT: Bois' Landscape Maintenance Services LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L19000188606	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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, please call:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

		ndersigned,
United States Co	orporation Agents, Inc.	, hereby resigns as
	Name of Registered Agent	thereby resigns as
Registered Agent for	Bois' Landscape Maintenance Services	LLC
	Name of Limited Liability Company	<del> </del>
L19000188606		
Documen	t Number, if known	
	ation was mailed to the above listed limited liabili ated and the office discontinued on the 31st day at	fter the date on which this statement is filed.
	Signature of Resigning Agen	~~
If signing on behalf of		2022 Sec Ta
If signing on behalf c		SECRE ARAS SET TALLAHAS SE

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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