119000200922

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

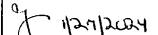




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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Amphibious Pool and Lan | dscape LLC |
|--|---|
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L19000200922 | |
| 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 | 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, please call: | |
| at (| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

| ursuant to the provision | s of section 605.0115. Florida Statutes, the unders | signed, |
|---------------------------|--|--|
| United States Corpo | oration Agents, Inc. | hereby resigns as |
| | Name of Registered Agent | nereog resigns as |
| Registered Agent for Ar | mphibious Pool and Landscape LLC | |
| | Name of Limited Liability Company | , |
| L19000200922 | | |
| Document Nu | mber, if known | |
| A copy of this resignatio | n was mailed to the above listed limited liability c | ompany at its last known address. |
| The agency is terminated | d and the office discontinued on the 31st day after | the date on which this statement is filed. |
| | Signature of Resigning Agent | |
| If signing on behalf of a | n entity: | 202 |
| | Cheyenne Moseley | 2023 (***: 22 |
| | Typed or Printed Name | 2 |
| | Asst. Secretary for United States Corporation Age | ms, mc. |
| | Capacity | |
| | | 7:310: 3 |
| | | $\frac{\omega}{2}$ |

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