120 0000 80760

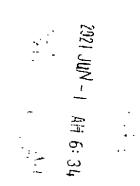
(Red	questor's Name)	
(Add	dress)	
(1,00	11033)	
(Add	dress)	
	101 1 01 101	
(Cit)	y/State/Zip/Phone #)
_		
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)	
	cument Number)	
(500)	sament Number,	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
		ŀ
		İ
<u> </u>		

Office Use Only



000367229650

09/01/21--01035--025 **25.00



O SIMMONS JUL 07 2021

COVER LETTER

Howell's Lawn Care LLC
SUBJECT: Howelf's Lawn Care LLC Name of Limited Liability Company
DOCUMENT NUMBER: L20000080760
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
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provis	sions of section 605.0115. Florida Statutes, the under	rsigned,		12
United States Corporation Agents, Inc.			•	2821 JUN
		, hereby resigns as	-	E
Registered Agent for	Howell's Lawn Care LLC			<u> </u>
		·	7	吾
	Name of Limited Liability Company	<u> </u>	1	
L20000080760				#
Document	Number, if known			
	ation was mailed to the above listed limited liability of the and the office discontinued on the 31st day after			
	Signature of Resigning Agent			
If signing on behalf of	fan entity;			
	Cheyenne Moseley			
	Typed or Printed Name			
	Asst. Secretary for United States Corporation Age	nts, Inc.		
	Capacity			

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