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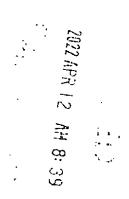
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Greyman Lawn Maintenance Professionals, LLC Name of Limited Liability Company  DOCUMENT NUMBER: L 20000089901
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:
Alethea Ramos Name of Person
Name of Firm/Company
5332 19th St
Zephyrhills, Fl. 33542 City/State and Zip/Code
Estimated in Experimental address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alethea Ramos at (813) 312-7842 Name of Person at (813) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  Linda M. Telada hereby resigns as  Name of Registered Agent
Name of Registere-rigent
Registered Agent for <u>Greyman Lawn Maintenance Professionals</u>
Name of Limited Liability Company
L2000089901 Document Number, if known
A copy of this resignation was mailed to the above listed limited liability company at its last known address.
The agency is terminated 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 an entity:
Typed or Printed Name

FILING FEES:

Capacity

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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