# L20000137732

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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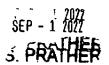


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S.I. SIÁKY UT STÁTE TALLAHASSEE, FLORIDA

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### **COVER LETTER**

SUBJECT: Jay's Cutting Edge Lawn Service LLC	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L20000137732	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	s of section 605.011	5. Florida Statutes, the undersign	ned.			
United States Corporation Agents, Inc.		C. her	_ , hereby resigns as			
Name of Registered Agent			_ thereby resigns as			
Registered Agent for <u>Ja</u>	y's Cutting Edge	Lawn Service LLC			_	
					_•	
	Name of Lim	ited Liability Company				
L20000137732						
Document Nur	nber, if known	<del></del>				
A copy of this resignation	n was mailed to the a	bove listed limited liability com	pany at its last known	address.		
The agency is terminated	and the office disco	ntinued on the 31st day after the	date on which this sta	itement i	s filed	l.
		Signature of Resigning Agent				
If signing on behalf of an	entity:					
	Cheyenne Mose	ley				
	T	sped or Printed Name	<del></del>	<u>:1</u>		
	Asst. Secretary for U	nited States Corporation Agents	, Inc.	<u> </u>	202	
	<del></del>	Capacity		≟.	2 JI	
				ALL AHASS	1 NOF 2202	' ; 
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability compounds Administratively dissolved/ withdrawn limited liability of	oluntarily dissolved/	EE. FLORID,	4 PH 6: 24	0 E
		The state of the s	~p)	) A	7	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314