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Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

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SUBJECT: MONKEY J TREE SERVICE LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000325116	
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:
Travis Crabtree	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
jbtrouble23@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888	534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provisi	ions of section 605.01	15, Florida Statutes, the	undersigned.		
LEGALCORP SOLUTIONS, LLC			, hereby resigns as		
	Name of Registered Ag		thereby resigns as		
Registered Agent for	MONKEY J TREE SER	RVICE LLC			
	Name of Li	mited Liability Company		<u> </u>	,
L20000325116					
Document ?	Number, if known	-			
				this stateme	ent is filed
If signing on behalf of	an entity:			023 ALL	
	Travis Crabtree			2023 OCT II TĂLLAHĀSS	
	Member	Typed or Printed Name		m-	
		Capacity		PHIZ: 40 E. FLORIDA	<u> </u>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabili Administratively dis- withdrawn limited li	ity company solved/ voluntarily disso iability company	olved/	

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