

L20000 383 S7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

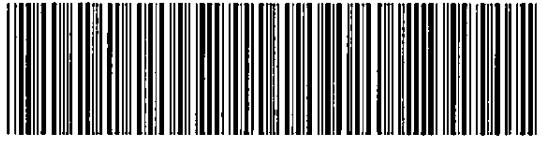
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600427854226

600427854226
04/16/24--01022--024 *\$25.00

2024 APR 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL
1211 1213

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Subtropical Arborists LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000383357

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:

Cory Betts
Name of Person

ZenBusiness Inc.
Name of Firm/Company

336 E. College Ave. Suite 301
Address

TALLAHASSEE, FL 32301
City/State and Zip Code

ra@zenbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Betts at (844) 493-6249
Name of Person Area Code Daytime Telephone Number

2014 APR 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ZenBusiness Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Subtropical Arborists LLC

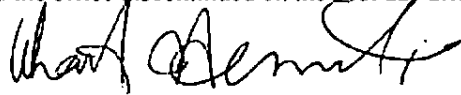
Name of Limited Liability Company

L20000383357

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:

ZenBusiness Inc. by Khadijeh Hemmati

Typed or Printed Name

Secretary

Capacity

SECRETARY OF STATE
TALLAHASSEE, FL
2024 APR 16 AM 10:45
10:45

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**