LZI 000031547

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Q. SILAS	
JUL 20 2022	

Office Use Only



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Ub/16/22--U1020--USY (**35.50



COVER LETTER

SUBJECT: LC Lawncare & Services LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L21000031547	
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	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY PAGE 2023

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the under	signed,
United States Corporation Agents, Inc. , hereby		hereby resigns as
		nercoy resigns as
Registered Agent for	LC Lawncare & Services LLC	·
	Name of Limited Liability Company	·
L21000031547		
Document 2	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability of	company at its last known address.
The agency is termina	ted 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:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, 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