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



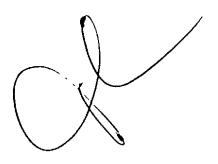
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TO THE SOUTH OF THE





COVER LETTER

TO: Registration Section		•
Division of Corporations		
SUBJECT: EJ'S Lawn Care LLC		
Name of Limited Liabilit	y Company	
DOCUMENT NUMBER: L21000263382		
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	he following:	
United States Corporation Agents, Inc.		
Name of Person	_	
Legalzoom.com, Inc.		
Name of Firm/Company	-	
9900 Spectrum Dr.		2
Address	_	022
Austin, TX 78717		2022 AUG - 1 PM 2: 34
City/State and Zip Code		<u> </u>
raresignations@legalzoom.com	(), (), (기)	72
E-mail address: (to be used for future annual report notification)		(i)
For further information concerning this matter, please call:	-	F
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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	ons of section 605.0115, Florida Statutes, the un	dersigned.		
United States Corp	poration Agents, Inc.	, hereby resigns as		
	Name of Registered Agent	; nereoy resigns as		
Registered Agent for	J'S Lawn Care LLC			
	Name of Limited Liability Company			.•
L21000263382				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liabili	ty company at its last known	address.	
The agency is terminate	ed and the office discontinued on the 31st day as	fter the date on which this sta	tement is	s filed.
	Signature of Resigning Agen	ıt	2027	
If signing on behalf of a	an entity:	:	2022 AUG	"N
	Cheyenne Moseley	: I 5.	1	
	Typed or Printed Name	Agents, Inc.	HQ	- To
	Asst. Secretary for United States Corporation	Agents, Inc.	<u>≖</u>	
	Capacity	<u> </u>	2: 34	

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