L21000293415

(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:				
Special histractions to 1 ling Officer.				

Office Use Only



400411224394

06/27/29--01019--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Coconut Grove Land	•	•
Name of Limite	ed Liability	Company
DOCUMENT NUMBER: L21000293615		
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this r	natter to th	e 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 no	tification)	
For further information concerning this matter, ple	ease call:	
	300	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florid	Statutes, the under	signed,
United States Corp	poration Agents, Inc.		hereby resigns as
	Name of Registered Agent		nercoy resigns as
Registered Agent for C	Coconut Grove Landscapi	ng L.L.C.	
	Name of Limited Liabil	ity Company	<u> </u>
L21000293615			
Document N	umber, if known		
			company at its last known address. the date on which this statement is filed.
	Signature	of Resigning Agent	
If signing on behalf of a	in entity:		
	Cheyenne Moseley		
	Typed or Pri	nted Name	
	Asst. Secretary for United Sta	tes Corporation Age	nts, Inc.
	Capacit	y	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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