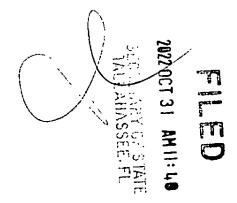


(Requestor's Name)		
(Address)		
(Address)		
(10000)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Excument Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 ming officer.		





10/31/22--01015--019 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FL Panhandle Landson	capes LLC Liability Company	
DOCUMENT NUMBER: L21000396978		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this ma	ntter to the following:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.	PAZZOCT 31 AMILIA	
Name of Firm/Company	ASS S	
9900 Spectrum Dr.	in in the second se	
Address	=	
Austin, TX 78717		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report noti		
For further information concerning this matter, plea	ise call:	
Name of Person A	773-0888 rea Code Daytime Telephone Number	
name of Person A	rea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115. Florida Statutes, the undersi	gned,
United States Corp	oration Agents, Inc.	ereby resigns as
	Name of Registered Agent	ereograms as
Registered Agent for F	L Panhandle Landscapes LLC	
	Name of Limited Liability Company	·
L21000396978		
Document No	umber, if known	
	on was mailed to the above listed limited liability cord and the office discontinued on the 31st day after the	
	Signature of Resigning Agent	T31 AMII: 40 AHASSEE, FL
If signing on behalf of a	an entity:	517
	Cheyenne Moseley	' n
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	ts, 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