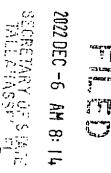
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Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Reign Landscape &					
Name of Limite DOCUMENT NUMBER: L21000464480	ed Liability)	Company			
DOCOMENT NOMBER:			—		
The enclosed Resignation of Registered Agent for for filing.	r a Limited	Liability Company and fe	e are su	ıbmitte	ed
Please return all correspondence concerning this n	natter to the	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	<del></del>		ارى 1000 كارى	2027	
raresignations@legalzoom.com				2022 DEC	<b>ار</b> ات
E-mail address: (to be used for future annual report no	tification)			9-	ू स्थापन व्यवस्था
For further information concerning this matter, ple	ease call:		Sign Sign	A	
8t (	800	773-0888	1754	1 8: 14	
	Area Code	Daytime Telephone Number	<u> </u>	<u>-</u>	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 unders	igned.		
United States Corporation Agents, Inc.		hereby resigns as		
	Name of Registered Agent			
Registered Agent for _	Reign Landscape & Tree Services LLC			
	Name of Limited Liability Company			•
L21000464480				
Document N	lumber, il known			
A copy of this resignati	ion was mailed to the above listed limited liability co	ompany at its last known a	iddress.	
The agency is terminate	ed and the office discontinued on the 31st day after t	the date on which this stat	ement is	filed.
	Signature of Resigning Agent		2022 DEC	
If signing on behalf of	an entity:	2-2-12 		ا ا م <b>بعد</b> ت
	Cheyenne Moseley		6	3
	Typed or Printed Name		AH	
	Asst. Secretary for United States Corporation Age	nts, Inc.		\$1.18129]
	Capacity		œ <u>=</u>	

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