

L21000483239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

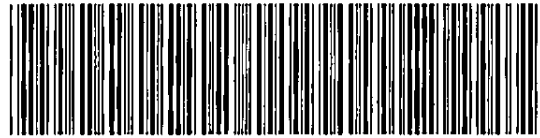
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SECRETARY OF STATE  
TALLAHASSEE, FL

Ra Resignation

JUN 02 2023

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOLO LANDSCAPING SERVICES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000483239

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brittney Fulghum

Name of Person

LegalCorp Solutions LLC

Name of Firm/Company

3 Greenway Plaza Ste 1320

Address

Houston, TX 77046

City/State and Zip Code

deroldlolo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittney Fulghum

Name of Person

at ( 888 ) 534-3018

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LegalCorp Solutions LLC  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for LOLO LANDSCAPING SERVICES LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L21000483239  
\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated 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:

Travis Crabtree  
\_\_\_\_\_  
Typed or Printed Name  
Member  
\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**FILED**  
2023 MAR 31 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314