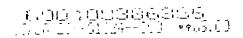
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### COVER LETTER

Division of Corporations Capitol Landscaping LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: 1.21000511375 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: Cory Betts Name of Person ZenBusiness Inc. Name of Firm/Company 336 E. College Ave. Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code ra@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cory Betts

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

#### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section

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

Pursuant to the provisi	ons of section 605.011	5, Florida Statutes, the un-	dersigned,			
ZenBusiness Inc. , hereby resigns as						
	_ , .					
Registered Agent for	Capitol Landscaping LLG	C	<del></del>			
	Name of Lin	nited Liability Company			·	
L21000511375						
Document l	Number, if known	<del></del>				
A copy of this resignat	tion was mailed to the	above listed limited liabili	ty company at its las	st known ad	dress.	
If signing on behalf of	an entity:	Signature of Resigning Agen				
ů ů	ZenBusiness Inc. by	Khadiich Hemmati				
		Typed or Printed Name	<del></del>			
	Secretary	•		٦.	26	
		Capacity		Ē	23	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissolution withdrawn limited liab	company lved/voluntarily dis vility company	ME INRY OF STATE AHASSEE. REORIDA	2023 MAY 26 PM 12: 36	

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