# L22000163268

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#### COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise complete lawn care, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000163268

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:

United States Corporation Agents, Inc.

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 notification)	-
For further information concerning this matter, please call:	
800 at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florida Statutes, the und	lersigned,	
United States Corp	poration Agents, Inc.	_ , hereby resigns as	
	Name of Registered Agent	_ , , , , , , , , , , , , , , , , , , ,	
Registered Agent for _	Paradise complete lawn care, LLC		-
	Name of Limited Liability Company		-•
L22000163268			
Document N	umber, if known		
	ion was mailed to the above listed limited liabilited and the office discontinued on the 31st day af		
· ·	Signature of Resigning Agent	202 TAL	
If signing on behalf of	an entity:	2023 HOV	اران الاستان الاستانية
	Cheyenne Moseley	1	24.707 13.407 1
	Typed or Printed Name		ij ;≈-≈5
	Asst. Secretary for United States Corporation A	Agents, Inc.	) + £
	Capacity		الامتتابا

FILING FEES:

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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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