

L22 000 215560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

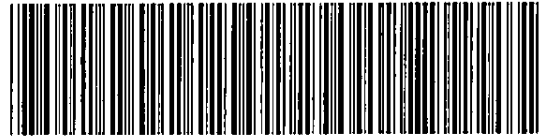
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200404581822

03/15/23--01025--016 \*\*85.00

FILED

2023 MAR 13 AM 11:03

SECRETARY OF STATE  
TOLSON, MISSOURI

Ra Resignation

MAY 25 2023

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Shirley's Tree Service, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

L22000215560

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Duwayne Davis

\_\_\_\_\_  
Name of Person

Shirley's Tree Service, LLC

\_\_\_\_\_  
Name of Firm/Company

511 Coolidge Street

\_\_\_\_\_  
Address

Riverview, FL 33578

\_\_\_\_\_  
City/State and Zip Code

duwaynedavis1821@gmail.com

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

For further information concerning this matter, please call:

Duwayne Davis

813

476-8452

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2023 MAR 13 AM 11:06  
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.

Brian F. Stayton, Esquire

\_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Shirley's Tree Service, LLC

Registered Agent for \_\_\_\_\_

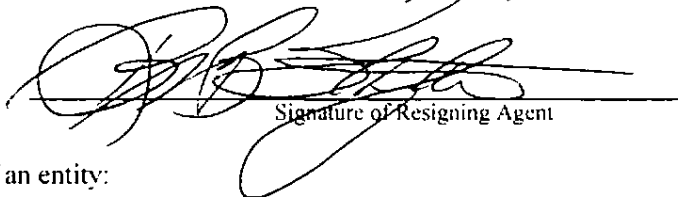
\_\_\_\_\_  
Name of Limited Liability Company

L22000215560

\_\_\_\_\_  
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:

Brian F. Stayton, Esquire

\_\_\_\_\_  
Typed or Printed Name

Registered Agent

\_\_\_\_\_  
Capacity

FILED  
2023 MAR 13 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

## **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