## L22 000 255 311

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	<del>f</del> )
PICK-UP WAIT	☐ MAIL
(Business Entity Name	)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
Office Use Only	200



000395880090

10/13/22--01007--002 \*\*25.00

22 0CT 13 AM 8: L6

## **COVER LETTER**

TO: Registration Section Division of Corporations

INHS17 (2/14)

SUBJECT: Central	1	-	ing Service LLC		
-	Name of Limit	ed Liability	Company	-	
DOCUMENT NUMBER:	L22000255311			-	
The enclosed Resignation o for filing.	f Registered Agent fo	r a Limited	Liability Company and fee at	re submi	tted
Please return all correspond	ence concerning this	matter to th	e following:		
United States Corporatio	n Agents, Inc.				
Name	of Person				
Legalzoom.com, Inc.					
Name of I	Firm/Company				
9900 Spectrum Dr.				<b>22</b> 0C1	7/3
À	ddress			CT	92 II
Austin, TX 78717				13	94 Se 1
City/State	and Zip Code			A	- <del>1</del> -2.1.1 - 2.1.1
raresignations@legalzoo	m.com			9† :8	
E-mail address: (to be used	for future annual report no	otification)			-1
For further information con	cerning this matter, pl	ease call:			
	at (	800	773-0888		
Name of Pers	son	Area Code	Daytime Telephone Number	-	
Enclosed is a check made p liability company or \$25.00 liability company.	ayable to the Florida I for an administrative	Department ly dissolved	of State for \$85.00 for an act I, voluntarily dissolved or wit	ive limit hdrawn	ed limited
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Divisior Clifton I 2661 Ex	T ADDRESS: ation Section a of Corporations Building accutive Center Circle assee, FL 32301		

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

Pursuant to the provisions of se	ction 605.0115, Florida Statutes, the undersigned,		
United States Corporatio	n Agents, Inc.		
Name o	Registered Agent		
Registered Agent for Central	Florida Landscaping Service LLC		
J J		_	
	Name of Limited Liability Company	<b>'</b>	
L22000255311			
Document Number, if	nown		
	e office discontinued on the 31st day after the date on which this statements and the Signature of Resigning Agent		led.
f signing on behalf of an entity		22	Ξ.
-	enne Moseley	<b>22</b> 001 13	ن ق چير
	Typed or Printed Name	$\frac{1}{3}$	
Asst. S	ecretary for United States Corporation Agents, Inc.	AH	
	Capacity	94 8: 46	Handen Form 18 - Ban
	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