L22000355084

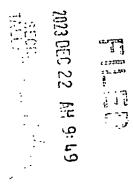
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duninger Entitle Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Burrell's Lawn Service wo	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000355084	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.011	5, Florida Statutes, the und	ersigned,	
United States Corporation Agents, Inc.		nc.	, hereby resigns as	
	Name of Registered Age	nt	_ (
Registered Agent for B	urrell's Lawn Sen	vice work LLC		
	Name of Lim	nited Liability Company		,
L22000355084				
Document Nu	ımber, if known			
A copy of this resignation	on was mailed to the a	above listed limited liability	y company at its last know	n address.
The agency is terminate	d and the office disco	ontinued on the 31st day aft	er the date on which this st	tatement is filed.
		au		
		Signature of Resigning Agent	<u>بر</u> بريخ	2023 DEC 22
If signing on behalf of a	n entity:			
	Cheyenne Mose	eley	Į.	23
	Т	yped or Printed Name		
	Asst. Secretary for U	Jnited States Corporation A	gents, Inc.	T. C.
		Capacity		至9:49
	FILING \$ 85.00 \$ 25.00	Active limited liability of	ved/ voluntarily dissolved/	/

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

Tallahassee, FL 32314