L22000374546

(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C&M LandScape & More Name of Limited Liability Company DOCUMENT NUMBER: L 22000 374546
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:
Corl Ma Hus Name of Person
Name of Firm/Company
306 50th Ave. Dr. E.
Braden Lyn, FC: 34203 City/State and Zip Code
SK8er@nK167@9mail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter please call:
For further information concerning this matter, please call:
Name of Person at (941), 920-2737 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 CONTROL OF COMPANY OF
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September 20, 2023

CORY MATHIS 9236 TOLBERT STEPHANS RD ONA, FL 33865

SUBJECT: C&M LANDSCAPE &MORE, LLC

Ref. Number: L22000374546

We have received your document for C&M LANDSCAPE &MORE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Melisa Patton is only listed as the registered agent for this entity. Do you want to change the registered agent? The business entity must have a registered agent to maintain active status.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 523A00021695

Valerie Herring Regulatory Specialist III Internet Support

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sc	ection 605.0115, Florida 5	Statutes, the under	signed.		
me lisa	Pation		hereby resign	is as	
Name o	of Registered Agent				
Registered Agent for	m Lands	: GR + 1	Nort		
	Name of Limited Liability	v Company			
L ZZ 600 3	74546				
A copy of this resignation was	mailed to the above lister	d limited liability o	company at its	last known ad	ldress.
The agency is terminated and t	he office discontinued on	the 31st day after	the date on w	hich this states	ment is filed
	WW Rignature	of Resigning Agent			
If signing on behalf of an entity	ő.			B	
				7. c	91192
	Typed or Print	ied Name		Striely Will AHAS	7
	Capacity			2000 N	
				PM 12: 53	
	FILING FEES:			21. ci	
	\$ 85.00 Active I \$ 25.00 Adminis	imited liability co stratively dissolve wn limited liabilit	d/ voluntarily		

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