L23000043310

(Requestor's Name)
, , , , , , , , , , , , , , , , , , ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Ra Risignation

JUN 02 2023 D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Luxury Lawn Care	e Expert	s LLC		
Name of L	Limited Liability	Company		
DOCUMENT NUMBER: L23000043310				
The enclosed Resignation of Registered Ager for filing.	nt for a Limited	Liability Company an	d fee are submitted	
Please return all correspondence concerning t	this matter to th	e following:		
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company	<u> </u>			
9900 Spectrum Dr.				
Address				
Austin, TX 78717				
City/State and Zip Code				
raresignations@legalzoom.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matte	r. please call:		(c P	
	800 at (773-0888	1023 H/AR 2	ديات
Name of Person	Area Code	Daytime Telephone Nu	imber : 70	ر دو سوده مدمد ي
Enclosed is a check made payable to the Flori liability company or \$25.00 for an administrational indicates the second se	da Department tively dissolved	of State for \$85.00 for I, voluntarily dissolved	r an active limited for withdrawn limite	ed

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 provisions of section 605.01	15, Florida Statutes, the undersi	gned,		
United States Corporation Agents, Inc.		, hereby resigns as		
Name of Registered Ag	gent			
Registered Agent for Luxury Lawn Care	e Experts LLC			
Name of L	mited Liability Company		,	
Name of L	mined Claomity Company			
L23000043310				
Document Number, if known				
A copy of this resignation was mailed to the	above listed limited liability co	mpany at its last known addr	ress.	
The agency is terminated and the office disc	continued on the 31st day after the	ne date on which this stateme	ent is file	ed.
	Signature of Resigning Agent			
If signing on behalf of an entity:			~ ~ .	
Cheyenne Mos	eley	1'	2023 HAR	
-	Typed or Printed Name		; <u>;</u>	1 1
Asst. Secretary for	United States Corporation Agen	ts, Inc.	: 23	erki s Parki
	Capacity		•	; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
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		in the second se	## II: 19	
FILING \$ 85.00 \$ 25.00	GFEES: Active limited liability com Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolved/ company	; G	

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