

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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03/27/24

COVER LETTER

TO: Registration Section Division of Corporations

_{subject:} Sunbridge Lawn Care Ser	vices LLC)	
Name of Limited Liability	Company		_
DOCUMENT NUMBER: L23000067006			-
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Compa	ny and fee a	ire submitted
Please return all correspondence concerning this matter to the	he 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)	-	: <u>.</u> .–	ா. ரு
For further information concerning this matter, please call:		f •	C,
800 at (773-0888		
Name of Person Area Code	Daytime Telepho	one 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	s of section 605.0115, Florida Statut	ies, the undersigned	
•		es. the didersigned,	
United States Corpo	, hereby resigns as		
	Name of Registered Agent		
Registered Agent for St	unbridge Lawn Care Services	LLC	
	Name of Limited Liability Comp	pany	,
L23000067006			
			
Document Nu	mber, if known		
A copy of this resignation	n was mailed to the above listed limi	ited liability company at its last known a	iddress.
The evency is terminated	l and the office discontinued on the 2	Blst day after the date on which this state	ament is filed
The agency is terminated	a and the office discontinued off the 3	orst day after the date on which this state	ement is theu.
	Pul		
	Signature of Resi	igning Agent	
If signing on behalf of a	n entity:		
- 3 g	Cheyenne Moseley		
	Typed or Printed Nat	The'	
	Asst. Secretary for United States Co		
	Capacity	<u></u>	
			1124
		<u>:</u>	
	FILING FEES:		C1
	\$ 85.00 Active limited	d liability company vely dissolved/	U:
	\$ 25.00 Administrativ withdrawn Ii	mited liability company	

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