# L230000 97079

(Requestor's Name)
(Áddress)
(Address)
(City/State/Zip/Phone #)
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TALLAHASSEE, FLORIDA

### **COVER LETTER**

MOONLIGHT GARDENS LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000097079 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: Brittney Fulghum Name of Person LEGALCORP SOLUTIONS, LLC Name of Firm/Company 3 Greenway Plaza Ste 1320 Address Houston, TX 77046 City/State and Zip Code moonlightgardens386@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brittney Fulghum Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

#### **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



August 7, 2023

BRITTNEY FULGHUM LEGALCORP SOLUTIONS, INC. 3 GREENWAY PLAZA STE 1320 HOUSTON, TX 77046

SUBJECT: MOONLIGHT GARDENS LLC

Ref. Number: L23000097079

We have received your document for MOONLIGHT GARDENS LLC and your check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$15.00. This is an ACTIVE LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 123A00017805

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

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

Pursuant to the provisi	ions of section 605.011	5, Florida Statutes, the un-	dersigned,			
LEGALCORP SOLUTIONS, LLC  Name of Registered Agent			_ , hereby resigns as			
	Name of Lin	nited Liability Company			<del></del>	·
L.23000097079						
Document !	Number, if known					
The agency is termina	ted and the office disco	ontinued on the 31st day at		ich this :	stateme	ent is filed.
If signing on behalf of	`an entity:			<b></b> 1	<b>D3</b>	
	Travis Crabtree			ÄL.	1023	
	Member	Typed or Printed Name		AHASS	2023 AUG 29	
	FILING \$ 85.00 \$ 25.00	Capacity  FEES:  Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily c vility company	TALLAHASSEE FLORIDA SO	PM 1: 56	

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