L23000395341

(Re	equestor's Name)			
(Ac	ddress)			
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PICK-UP	☐ WAIT	MAIL.		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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09/18/24

COVER LETTER

Division of Corporations SUBJECT: Freedom Mowing LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000395341 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: 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

Area Code Davtime Telephone Number

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Flo	orida Statutes, the undersigned	d.		
United States Corporation Agents, Inc. , hereby r		ny rasione ne			
		y resigns as			
Registered Agent for	reedom Mowing LLC				
					_
	Name of Limited L	iability Company			 ,
L23000395341					
Document No	imber, if known				
A copy of this resignation	on was mailed to the above	listed limited liability compa	nv at its last knov	vn addr	ess.
		ed on the 31st day after the da			
		reidlein ature of Resigning Agent			
	Sign	ature of Resigning Agent			
lf signing on behalf of a	n entity:				
	Erik Treutlein				
	Typed o	Printed Name		1-15	
	Vice President on behalf of Ur	nited States Corporation Agents, In	nc.	· 3	•
	Саг	vacity		1	
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	FILING FEES	<u>3:</u>	₩.	N. 3	
	\$ 85.00 Act \$ 25.00 Adı wit	ive limited liability company ninistratively dissolved/ volu hdrawn limited liability com	intarily disso ive d	√ 	

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