

M/190000008486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

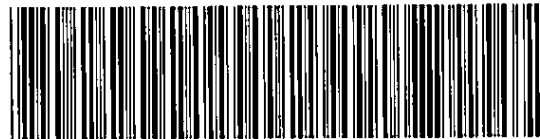
(Document Number)

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Certificates of Status \_\_\_\_\_

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Office Use Only



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Resignation of  
RA

05/13/23--01001--014 \*\*25.00

A. RAMSEY

JUN 14 2023



2023 JUN 13 AM 10:14

2023 JUN 13 AM 10:14

2023 JUN 13 AM 10:14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JRP TREE SERVICES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M19000008486

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:

Patrick S. Bickford

Name of Person

Ausley McMullen

Name of Firm/Company

123 South Calhoun Street

Address

Tallahassee, FL 32301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick S. Bickford

Name of Person

at ( 850 ) 425-5334

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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 605.0115, Florida Statutes, the undersigned,

PATRICK BICKFORD

, hereby resigns as

Name of Registered Agent

Registered Agent for JRP TREE SERVICES, LLC

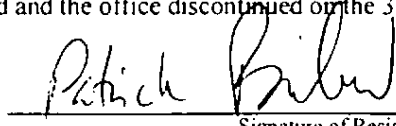
Name of Limited Liability Company

M19000008486

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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