P01000065555 Requester's Name Address City/State/Zip Phone # ****192.50 *****87.50. Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Photocopy Mail out ☐ Will wait Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication

OTHER FILINGS

Other

Annual Report Fictitious Name

☐ Merger

REGISTRATION/QUALIFICATION

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,	Carlos E. T	orres		
	(Name of registe	red agent)		
hereby resigns as Registered Agent for 🤇	GSB Landscopic	ru and to	lome Ser	11ces, 1
A copy of this resignation was mailed to	the above listed corporation	n at its last kno	wn address.	
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day	y after the date	on which	
If signing on behalf of an entity:	nature of resigning agent)	-	OI NOV 16 PM I SECRETARY OF TALLAHASSEE, F	
Keith	yped or Printed Name)		PM 4: 03 UF STATE EE, FLORIDA	
Vice-	President COO (Capacity)	·-		
	(Capacity)			

nc.

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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

CR2E046(9/98)