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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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8-30-11

*Law Offices of*  
**ROLFE & LOBELLO, P.A.**  
*Attorneys and Counsellors at Law*

720 BLACKSTONE BUILDING  
JACKSONVILLE, FLORIDA 32202

*PLEASE REPLY TO*  
MAILING ADDRESS:

**P.O. Box 40546**  
JACKSONVILLE, FLORIDA 32203-0546

August 16, 2011

TELEPHONE (904) 358-1666

FAX NO. (904) 356-0516

WEB SITE: WWW.ROLFELAW.COM

LAWRENCE C. ROLFE  
THOMAS LOBELLO, III  
LISA DI SALLE  
AMANDA ROLFE TISE  
MARK J. HORNE

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: United Landscapes, Inc.  
Document No.: P02000039405

Dear Sir or Madam:

Enclosed please find the following documents regarding the above-referenced corporation:

- Resignation of Registered Agent for a Corporation
- Officer/Director Resignation for a Corporation
- Statement of Change of Registered Agent for Corporations
- Minutes of Special Meeting of United Landscapes, Inc.

Our firm's check in the amount of \$157.50 is also enclosed for your filing fees. Please return all correspondence concerning this matter to:

Lawrence C. Rolfe, Esquire  
ROLFE & LOBELLO, P.A.  
Post Office Box 4400  
Jacksonville, Florida 32201-4400

If you have any questions or need additional information, please advise.

Sincerely,



TINA M. MOCHOWSKI  
Legal Assistant

Enclosures

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

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

Florida Statutes, the undersigned, J. Derek Walton

(Name of Registered Agent)

hereby resigns as Registered Agent for United Landscapes, Inc.

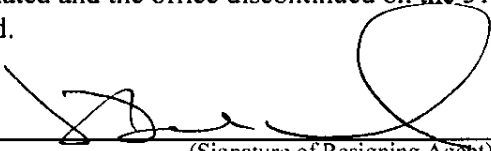
(Name of Corporation)

P02000039405

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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)

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2011 AUG 26 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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