P0400062640

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations	. ,	
SUBJECT: Lawn Cutters, Inc. (Name of Corporation)		· · · · · ·
DOCUMENT NUMBER: P04000062640		
The enclosed Resignation of Registered Agent for a Corporation	and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fol	llowing:	-
Mary Jo Spalinger (Name of Person)	-₹ ,	
Business Filings Incorporated (Name of Firm/Company)	75	
8025 Excelsior Drive #200 (Address)	g, setter value of the setting of t	- 1 JJ 7 3
Madison, WI 53717 (City/State and Zip Code)	. Br. Service Commen	
For further information concerning this matter, please call:	•	•
at (37-5300 x 254 aytime Telephone Number)	
Enclosed is a check made payable to the Florida Department of S or \$35.00 for an administratively dissolved, voluntarily dissolved	tate for \$87.50 for an act l or withdrawn corporation	ive corporation

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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, Business Filings Incorporated	
(Name of Registered Agent)	<i>₽</i> **
hereby resigns as Registered Agent for LAWN CUTTERS, INC.	
(Name of Corporation)	
P04000062640	
(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.	
Mah Sell	">+ethen#
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Taran Baran Ba	
Mark Schiff, AVP of Business Filings Incorporated	U
(Typed or Printed Name)	
Assistant Vice President	
(Capacity)	·

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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