

PO6000004444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

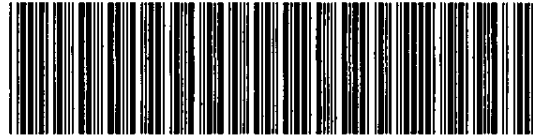
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R A / R E S

MAR 08 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANSON LAWN CARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000004646

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRED ANSON

(Name of Person)

ANSON LAWN CARE INC

(Name of Firm/Company)

3253 SOUTHERN HILLS CIRCLE, WEST

(Address)

JACKSONVILLE, FL 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN T. CULLEN

(Name of Person)

at (**954**) **862-3642**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2667 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2016

FRED ANSON
ANSON LAWN CARE, INC.
3253 SOUTHERN HILLS CIRCLE WEST
JACKSONVILLE, FL 32225

SUBJECT: ANSON LAWN CARE, INC.
Ref. Number: P06000004646

We have received your document for ANSON LAWN CARE, INC.. However, the document has not been filed and is being returned for the following:

The fee to resign as registered agent of an active corporation is \$87.50.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 516A00002145

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**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, JOHN T. CULLEN

(Name of Registered Agent)

hereby resigns as Registered Agent for ANSON LAWN CARE, INC.

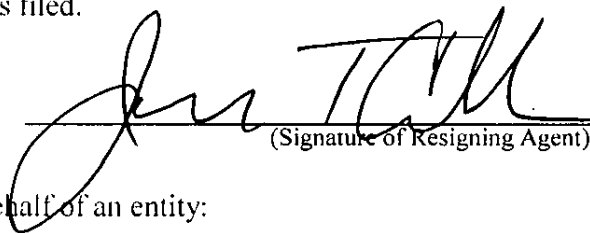
(Name of Corporation)

PO600004646

(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:

JOHN T. CULLEN

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

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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