

PO8 000072145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

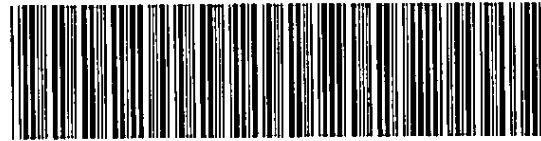
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FEB 14 2022

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXCLUSIVE LANDSCAPING GROUP, INC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** P08000072145

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:

Jeremy LaPaglia

Name of Person

EXCLUSIVE LANDSCAPING GROUP, INC.

Name of Firm/Company

399 Central Florida Parkway, Suite A

Address

Orlando, FL 32824

City/State and Zip Code

jlapaglia@exclusivelandscapingnow.com

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

For further information concerning this matter, please call:

Jeremy LaPaglia

407

418-3010

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

The Munizzi Law Firm

, hereby resigns as

Name of Registered Agent

Registered Agent for EXCLUSIVE LANDSCAPING GROUP, INC.

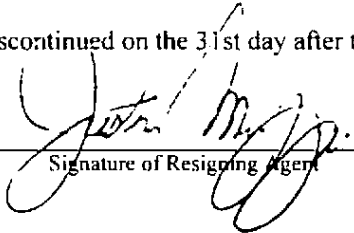
Name of Limited Liability Company

P08000072145

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:

Justin S. Munizzi

Typed or Printed Name

Managing Partner

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

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