## DAUW) ALSC

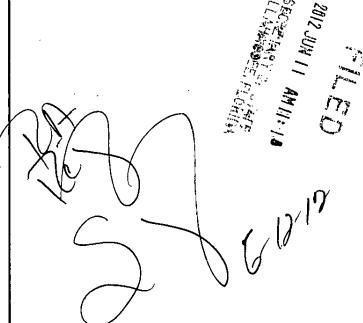
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>(#)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	,





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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Lee's Tree Service, Inc.  (Name of Corporat	ion)
DOCUMENT NUMBER: P09000012686	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Thomas A Hall (Name of Person)	-
(Name of Firm/Company)	-
1540 W River Lane	
(Address)	-
Tampa, Florida 33603 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Thomas A Hall (Name of Person)  at (727 (Area Code	851-7070 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
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 607.050	02(2), 617.0502(2), 607.1509, or 617	خ ۾ 201.7
Florida Statutes, the undersigned, Thomas	A Hall	T.S
Tiona Statutes, the undersigned,	(Name of Registered Agent)	7,-4
hereby resigns as Registered Agent for Lee's	Tree Service, Inc.	gring b
	(Name of Corporation)	-51 TC
P09000012686		
(Document Number, if known)		
A copy of this resignation was mailed to the a	bove listed corporation at its last kn	own address
The agency is terminated and the office disco this statement is filed.  (Signature)	ntinued on the 31st day after the date of Resigning Agent)	e on which
If signing on behalf of an entity:		
	- District	_
(Туред	or Printed Name)	
	(Canacity)	-

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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