P140000 54065

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(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Duninga Falib Nama)	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lawn MGT, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P14000054065
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:
Lori Moore
(Name of Person)
Cape Coral Accounting Service Inc.
(Name of Firm/Company)
3501-212 Del Prado Blvd S
(Address)
Cape Coral, FL 33904
(City/State and Zip Code)
For further information concerning this matter, please call:
Lori Moore (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
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	⁷ .1509,
Florida Statutes, the undersigned, Cape Coral Accounting Service LLC	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Lawn MGT, Inc. (Name of Corporation)	
(Name of Corporation)	
P14000054065	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	2019 JUL 19 SECKLAHAS
Lori Moore	LAHAS
(Typed or Printed Name)	
(Capacity)	AMII: 49 SEEL FL

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withdrawn corporation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