

P15000031000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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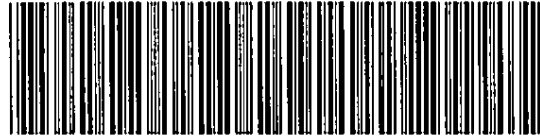
(Business Entity Name)

(Document Number)

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R. WHITE

NOV 09 2018

**FILED**  
2018 NOV -5 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LU LAWN CARE BY LS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000031006

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:

Registered Agent Department

(Name of Person)

Business Filings Incorporated

(Name of Firm/Company)

8020 Excelsior Drive Suite 200

(Address)

Madison, WI 53717

(City/State and Zip Code)

For further information concerning this matter, please call:

Andria Gaulrapp

(Name of Person)

at ( 608 ) 827-7629

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,

Florida Statutes, the undersigned, Business Filings Incorporated

(Name of Registered Agent)

hereby resigns as Registered Agent for LU LAWN CARE BY LS, INC.

(Name of Corporation)

P15000031006

(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.

Andria Gaulrapp  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Andria Gaulrapp  
(Typed or Printed Name)

Asst Secretary for Business Filings Incorporated  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 NOV -5 AM 11:59

FILED

**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