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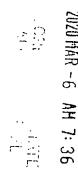
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COVER LETTER

Division of Corporations SUBJECT: WEST LAWN, INC. (Name of Corporation) DOCUMENT NUMBER: P17000031432 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: **Emily Smith** (Name of Person) PARACORP INCORPORATED (Name of Firm/Company) PO BOX 160568 (Address) SACRAMENTO CA 95833 (City/State and Zip Code) For further information concerning this matter, please call: **Emily Smith** (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509.	
Florida Statutes, the undersigned, PARACORP INCORPORATED		
(Name of Registered Agent)		
hereby resigns as Registered Agent for WEST LAWN, INC.		
(Name of Corporation)		
P17000031432		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kn	iown ad	dress.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on wh	iich
(Signature of Resigning Agent)	-	
If signing on behalf of an entity:		
JODY MOUA		2(
(Typed or Printed Name)	- 三字)20 HJ
ASST. SECRETARY FOR PARACORP INCORPORATED	1 -	2020 MAR -6
(Capacity)	-	2
		ب-

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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