## P190000 11911

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400326808824

18 Mars 20 1966 1 1 1 6 6 15

S TALLENT APR 1 0 2019



& M. Resian

## **COVER LETTER**

Kathleer	(Name of Person)  813 at ( (Area Code	267-9688 ) : & Daytime Telephone Number)
For furt	her information concerning this matter, please call:	
	(City/State and Zip Code)	-
St Peters	sburg, FL 33710	
	(Address)	
110 61st		_
	(Name of Firm/Company)	-
Quick-Bo	pokkeeping of Florida Inc	
	(Name of Person)	-
Kathleer	Bracy	
Please r	return all correspondence concerning this matter to t	he following:
The end	closed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
DOCU	MENT NUMBER: P19000011911	
	(Name of Corporat	ion)
SUBJE	CT:nmerican Muscle Landscaping Inc	
	Amenament Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 secti	ions 607.0502(2), 617.0502(2), 607.1509. or 61	7.1509,	
Florida Statutes, the undersigned,	QUICK-BOOKKEEPING OF FLORIDA, INC		
(Name of Registered Agent)			
hereby resigns as Registered Ager	nt for American Muscle Landscaping, Inc		
	(Name of Corporation)		
P19000011911			
(Document Number, if known)			
A copy of this resignation was ma	ailed to the above listed corporation at its last kn	own address.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the dat	e on which	
April	(Signature of Resigning Agent)		
If signing on behalf of an entity:		AR THE	
Kathleen H Bracy			
	(Typed or Printed Name)	es in	
President			

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)