## P94000065617





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02/10/06

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LaBelle Landscaping & Sod, Inc. (Name of Corporation)
DOCUMENT NUMBER: P94000065617
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:
John Jay Watkins, Esquire  (Name of Person)
John Jay Watkins, P. A.
(Name of Firm/Company)
P. O. Box 250
(Address)
LaBelle, FL, 33975
(City/State and Zip Code)
For further information concerning this matter, please call:
John Jay Watkins at (863 ) 675-4424  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509	),
Florida Statutes, the undersigned,Do	onald A. Davis	
<del>-</del>	(Name of Registered Agent)	
hereby resigns as Registered Agent for	LaBelle Landscaping & Sod, Inc.	
	(Name of Corporation)	
P94000065617		
(Document Number, if known)	_ <del>_</del>	
A copy of this resignation was mailed to	o the above listed corporation at its last known a	ddress.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on w	hich
XWonal AU	gnature of Resigning Agent)	
If signing on behalf of an entity:		
	Typed or Printed Name)	<u>0</u> ∑VIC
	Typed of Timed (want)	SION OF
	(Capacity)	RY OF ST CORPOR/ 6 AM 9:
Fee for filing	g this document:	ATTONS 26

\$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withdrawn corporation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