P9400092168

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

| TO: Amendment Section Division of Corporations |
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| SUBJECT: Tidewater Landscape Management of Florida, Inc. (Namle of Corporation) |
| DOCUMENT NUMBER: P 94000092168 |
| 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: |
| Eddie W. Deleach (Name of Person) |
| Tide water Landscape Management, Inc. (Name of Firm/Company) |
| P.O. Box 7571 (Address) |
| Garden City GA 31418 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Chuck Peters at (904) 292-9919 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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, Carlos Hart (Name of Registered Agent) |
| hereby resigns as Registered Agent for Tidewater Landscape Management & F. Florida, Inc. (Name of Corporation) |
| P940000 93168 (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. |
| Carlon J. (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| CANLOS HANT (Typed or Printed Name) (Typed or Printed Name) (Typed or Printed Name) |
| (Capacity) |

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