## P97000023123

Complete Lawn Care & Landscape Co IVC 10845 Phillips Highway, Bidg. #6 Jacksonville, Florida 32256

G FRIESE

700002146057---4 -04/17/97--01038--004 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Office Use Only

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1(Corp.           | ration Name) (Document #)              |              |
|-------------------|--|--------------|
| 2(Согра           | ration Name) (Document #)              |              |
| 3(Corpo           | ration Name) (Document #)              |              |
| 4(Corp.           | ration Name) (Document #)              |              |
| ☐ Walk in         | Pick up time Certified Cop             | <b>.</b>     |
| ☐ Mail out ☐      | Will wait Photocopy Certificate of     | Status       |
| NEW FILINGS       | AMENDMENTS                             |              |
| Profit            | Amendment                              |              |
| NonProfit         | Resignation of R.A., Officer/ Director | 1            |
| Limited Liability | Change of Registered Agent             | $\widehat{}$ |
| Domestication     | Dissolution/Withdrawal                 | -; \         |
| Other             | Merger                                 |              |
| OTHER FILINGS     | REGISTRATION/                          |              |
| Fictitious Name   | Foreign                                | ( )          |
| Name Reservation  | Limited Partnership                    | T' '         |
| <u> </u>          | Reinstatement                          |              |
|                   | Trademark                              | ( )t "       |
|                   | Other                                  | ()           |

## FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1303, 61 617.1303,          |
|--|
| Florida Statues, the undersigned, Men & Mun Duese (Name of registered agent)                     |
| hereby resigns as Registered Agent for SAFARI CAWN CARE INC. (Name of corporation)               |
| 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.   |
| Signaturé of resigning agenti  |
| If signing on behalf of an entity:   |
| (Typed or Printed Name)  |
| PRESIDENT (Capacity)   |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation