## P97000045785

(Request	or's Name)	
(Address	)	
(Address	)	
(City/Stat	e/Zip/Phone #)	
PICK-UP	] WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





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07/25/18--01005--001 \*\*4305.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: KLIP & KUT LAWN SERVICE, INC	<b>)</b> .
(Name of Corporation)  DOCUMENT NUMBER: P97000045785	
The enclosed Resignation of Registered Agent for a Corporation and fee are s	ubmitted for filing.
Please return all correspondence concerning this matter to the following:	
Karen Loraine	
(Name of Person)	
GrayRobinson, P.A.	
(Name of Firm/Company)	
1795 W. Nasa Blvd.	
(Address)	
Melbourne, FL 32901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michelle Deering at 321 727-810	00
(Name of Person) (Area Code & Daytime Teleph	one 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607	.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Patrick Healy
	(Name of Registered Agent)
hereby resigns as Registered Agent for	LIP & KUT LAWN SERVICE, INC.
	(Name of Corporation)
P97000045785	
(Document Number, if known)	-
A copy of this resignation was mailed to t	he above listed corporation at its last known address.
this statement is filed.	iscontinued on the 31st day after the date on which  I ature of Resigning Agent)
If signing on behalf of an entity:	aute of Resigning Agenty
(1)	ped 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

