P97000065119

| Requester's N | ame | |
|----------------|---------|------------|
| Address | | No Parties |
| City/State/Zip | Phone # | TO STORY |

Office Use Only

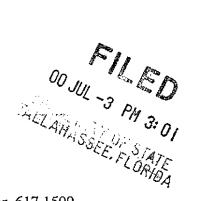
Examiner's Initials

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

| 1. | |
|---|---|
| (Corporation Name) | (Document #) |
| 2(Corporation Name) | (Document #) |
| (Corporation Name) | 5000033104253 |
| 3 | -07/03/0001002020 |
| (Corporation Name) | (Document #) *********************************** |
| 4 | |
| (Corporation Name) | (Document #) |
| Walk in Pick up time | Certified Copy |
| ☐ Mail out ☐ Will wait | Photocopy Certificate of Status |
| NEW FILINGS Profit Not for Profit | AMENDMENTS |
| Profit Not for Profit | Amendment Resignation of R.A., Officer/Director |
| Limited Liability | Change of Registered Agent |
| ■ Domestication■ Other | ☐ Dissolution/Withdrawal ☐ Merger |
| OTHER FILINGS | REGISTRATION/QUALIFICATION |
| ☐ Annual Report ☐ Fictitious Name | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other |

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT



| Pursuant to the p | provisions of sections our | .0302(2), 617.0302(| (2), 007.1309 , or | 017.1309, | |
|-------------------|--------------------------------------|--|-----------------------------|----------------|---------|
| Florida Statutes, | the undersigned, | JORGE L. | PRIETO | | |
| • | , <u>——</u> | (Name of | f registered agent) | | |
| hereby resigns a | s Registered Agent for | LAWNKEEPE | RS, INC. | | |
| , , | | (Name o FEI# 6 | of corporation) 50770807 | | . = = . |
| | • | | | | |
| A copy of this re | esignation was mailed to the | ne above listed corp | oration at its last | known address. | |
| The agency is to | rminated and the office di | acontinued on the 2 | Lat day often the | data au vyhiah | |
| this statement is | rminated and the office di filed. | scontinued on the 3 | ist day after the c | iate on which | : |
| | | | | | |
| | | ~ · / | • | | |
| | (Juge | Dento | | | |
| _ | (Signa JOR | ture of resigning agent) GE L. PRIETO | | | |
| If signing on bel | nalf of an entity: | | _ | <u>.</u> | |
| | • | | | | |
| | | | | | |
| - | (Тур | ed or Printed Name) | | | |
| | | | | | |
| | | | | | |
| | | (Capacity) | | | · |
| | and the second | • | | | |

Fee for filing this document:

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

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314