L1600018060H

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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☐ CERTIFIED COPY		
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(CORPORATE NAME AND DOCUMENT	Γ#)	
CIAL INSTRUCTIONS:		

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Coporate Access Inc., hereby resigns as
Registered Agent for Smb Sample Road, LLC
Name of Limited Liability Company
L16-000180604 Document Number, if known
A copy of this resignation was mailed to the above listed limited liability company 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. Signature of Resigning Agent
If signing on behalf of an entity:
Dany Bennett Typed or Printed Name President Capacity FILING FEES: \$85.00 Active limited liability company
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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