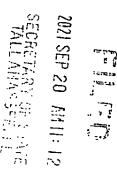
## 

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





09/20/21--01037--001 \*\*15240.00



## **COVER LETTER**

SUBJECT: Name	of Limited Liabilit	y Company
DOCUMENT NUMBER: L21000171838		
The enclosed Resignation of Registered A for filing.	gent for a Limite	ed Liability Company and fee are submitt
Please return all correspondence concerni	ng this matter to (	the following:
Robert J. Neary, Esq.		
Name of Person		_
Kozyak Tropin & Throckmorton		
Name of Firm/Company		
2525 Ponce de Leon Blvd., 9th Floor		
Address		-
Coral Gables, FL 33134		
City/State and Zip Code		<b></b>
m@kttław.com		
E-mail address: (to be used for future annual	report notification)	_
For further information concerning this m	atter, please call:	
Robert J. Neary	305 at (	372-1800

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

**TO:** Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the	undersigned,		
MJ Taxes and More Inc., he Name of Registered Agent		, hereby resigns as	erehy resigns as	
		, notedy resigns as		
Registered Agent for _	CXM General Services LLC			
	Name of Limited Liability Company		_>	
L21000171838				
Document N	lumber, if known			
	ion was mailed to the above listed limited liab ed and the office discontinued on the 31st day	• •		
		SECRETAL SEP 20	عاد جا	
	Signature of Resigning A	gent ST	ري. و د	
If signing on behalf of an entity:		20		
	Corali Lopez-Castro, Esq.	=	*. 1 2	
	Typed or Printed Name		1 2 W	
	Court-appointed Receiver for MJ Taxes and M	Aore ~ ~ ~ ~		
	Capacity			

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company