## F13000005432

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/20/16

NAME:

SMG EXTOL, INC.

TYPE OF FILING: RESIGNATION OF REGISTERED AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SMG Extol Tac. (Name of Corporation)
DOCUMENT NUMBER: F1300000 5432
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kristy Teal (Name of Person)
Cal Title-Search, Inc. (Name of Firm/Company)
720 14th Street
Sacramento (A 95814 (City/State and Zip/Code)
For further information concerning this matter, please call:
(Name of Person) at ( ) (Area Code & Daytime Telephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, Cal Title - Search, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for SMG Extol Tnc. (Name of Corporation)
F1300005430 (Document Number, if known)
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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Kristy Teal  (Typed or Phinted Name)
Occuption manager 12 17 17 17 17 17 17 17 17 17 17 17 17 17

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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