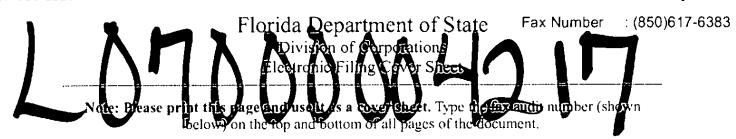
From: +18135442006 17-0ct-2024 -15:415 To: +18506176383 p.1



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRICK BUSINESS LAW, P.A.

Account Number : I20230000178 Phone : (813)816-1816 Fax Number : (813)692-1982

\*\*Enter the email address for this business entity to be used for futur $oldsymbol{\epsilon^r}$ annual report mailings. Enter only one email address please.\*\*

Email Address: danielle.peynado@brickbusinesslaw.com

## LLC REGISTERED AGENT RESIGNATION JOANN SMITH LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$85.00

M. SOLOMON

OCT 17 20L.

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Help

Fax Number : (850)617-6383

17-0ct-2024 +15:42. To: +18506176383

From: +18135442006

p.Z

Fax Number : (850)617-6383

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
	JECT: Name of Limited Liability	ıy Company	
DOC	CUMENT NUMBER: L07000004217		
The of	enclosed Resignation of Registered Agent for a Limite ling.	ed Liability Company and fee are submitted	
Pleas	e return all correspondence concerning this matter to	the following:	
JOAN	N SMITH		
	Name of Person	-	
JOAN	NN SMITH LLC	202	
	Name of Firm/Company	- 200 - 100	
824 H	IAYNES RD		
	Address	- 55 <b>7 1</b>	!   }
LAKI	ELAND, FL 33809	55) —	
	City/State and Zip Code	- 121 - 21	
	-mail address: (to be used for future annual report notification)	_	
For fi	urther information concerning this matter, please call:		
JOAN	IN SMITH 863	858-1316	
	Name of Person Area Code	Daytime Telephone Number	
Enclo	osed is a check made payable to the Florida Departme	nt of State for \$85.00 for an active limited	

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\$85.00 for an active limit liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address: 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

INHS17 (2/14)

Fax Number : (850)617-6383

Fax Number : (850)617-6383

p.3

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

Pursuant to the provisions of section 605.01	115, Florida Statutes, the undersi	igned,	
JILL M JONES	,	hereby resigns as	
Name of Registered A	• • • • • • • • • • • • • • • • • • • •	, 0	
Registered Agent for JOANN SMITH LLC			<del></del>
Name of L	imited Liability Company		
L07000004217			
Document Number, if known	_ <del></del>		
A copy of this resignation was mailed to the	e above listed limited liability co	ompany at its last known addre	:55:
The agency is terminated and the office disc	continued on the 31st day after t	he date on which this statemer	nt is filed.
June 1	M Joseph Senature of Resigning Agent		
If signing on behalf of an entity:		S	26
_ Jill F	1 Jones Typed or Printed Name		2024 OCT 17
	Capacity	S) ···	
FILING 5 85.00 \$ 25.00		ipany C	

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

withdrawn limited liability company

INHS17 (2/14)

Fax Number : (850)617-6383