

Florida Department of State

Fax Number : (850)617-6383

Division of Corporations
Electronic Filing Cover Sheet

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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 future annual report mailings. Enter only one email address please.

Email Address: danielle.peynado@brickbusinesslaw.com

FILED
2024 OCT 17 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 OCT 17 AM 11:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
JOANN SMITH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

M. SOLOMON

OCT 17 2024

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Fax Number : (850)617-6383

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOANN SMITH LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.07000004217

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOANN SMITH
Name of Person

JOANN SMITH LLC
Name of Firm/Company

824 HAYNES RD
Address

LAKELAND, FL 33809
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANN SMITH at (863) 858-1316
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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TALLAHASSEE, FL

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JILL M JONES

, hereby resigns as

Name of Registered Agent

Registered Agent for JOANN SMITH LLC

Name of Limited Liability Company

L07000004217

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:

Jill M Jones

Typed or Printed Name

Capacity

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

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