

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L120002562163485

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : INCORP SERVICES INC
 Account Number : I20120000007
 Phone : (702)856-2500
 Fax Number : (702)900-2290

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

09:10:57 11/2022

**LLC REGISTERED AGENT RESIGNATION
 FLORIDA MT INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

COVER LETTER

((H22000256216 3)))

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA MT INVESTMENTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000033485

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:

Karen Gibson
Name of Person

InCorp Services, Inc.
Name of Firm/Company

3773 Howard Hughes Pkwy Ste. 500s
Address

Las Vegas, NV 89169
City/State and Zip Code

documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Gibson for InCorp Services, Inc. at (702) 866-2500
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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,
InCorp Services, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
FLORIDA MT INVESTMENTS, LLC
Name of Limited Liability Company

L12000033485
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:

Karen Gibson for InCorp Services, Inc.
Typed or Printed Name
Authorized Representative
Capacity

APPROVED
AND
FILED
2022 JUL 29 AM 9 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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