# h14000189246

| (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: |
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### COVER LETTER .

Registration Section Division of Corporations SUBJECT:\_\_\_\_SMG SEACREST BEACH PROPERTIES, LLC Name of Limited Liability Company DOCUMENT NUMBER: L14000189246 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

· 1 ... ·

TO:

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

| Pursuant to the provision | ons of section 605.0115           | . Florida Statutes, the under   | signed,                                    |                  |           |        |
|---------------------------|-----------------------------------|---|--|------------------|-----------|--------|
| United States Corp        | ooration Agents, Inc              | <b>C</b> .  | , hereby resigns as                        |                  |           |        |
|                           | Name of Registered Agent          |   | incredy resigns as                         |                  |           |        |
| Registered Agent for      | MG SEACREST BEACH PROPERTIES, LLC |   |  |                  |           |        |
| registered rigent for _   |                                   |   | <del>-</del>                               |                  |           |        |
|                           | Name of Limi                      | ted Liability Company   | · ·  |                  |           |        |
|                           |                                   | , - 1,  |  |                  |           |        |
| L14000189246              |                                   |   |  |                  |           |        |
| Document N                | umber, if known                   | <del></del>   |  |                  |           |        |
| A copy of this resignati  | on was mailed to the al           | pove listed limited liability o   | company at its last                        | known ad         | dress     |        |
|                           |                                   |   |  |                  |           |        |
| The agency is terminate   | and the office discon             | ntinued on the 31st day after Signature of Resigning Agent  | the date on which                          | this stater      | nent is   | filed, |
| f signing on behalf of a  | nn entity:                        |   |  |                  |           |        |
| Cheyenne Moseley          |                                   |   |  | ¥<br>Se          | 2022      |        |
|                           | Ty                                | ped or Printed Name   | <del></del>                                | E C              | NUC 9     |        |
|                           | Asst. Secretary for Ur            | nited States Corporation Age  | ents, Inc.                                 | 五<br>2<br>2<br>5 |           |        |
|                           |                                   | Capacity  |  | SE S             | 2         |        |
|                           | FILING I<br>\$ 85.00<br>\$ 25.00  | FEES:<br>Active limited liability cor<br>Administratively dissolved<br>withdrawn limited liabilit | mpany<br>d/ voluntarily disso<br>y company | EFLERIEN Olved   | AM 11: 42 |        |

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