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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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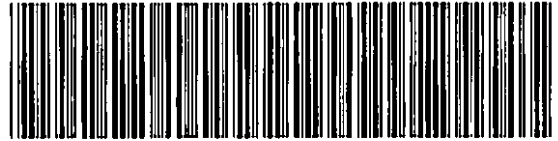
(Business Entity Name)

(Document Number)

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2022 MAY -3 PM 5:25

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JUN 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smith Realty of Panama City, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000130803

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:

Christina Finley
Name of Person

Smith Realty of Panama City LLC
Name of Firm/Company

5413 Hickory St
Address

Panama City, FL 32404
City/State and Zip Code

leann.jones63@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Finley at (850) 851-8659
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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)

Sungamra @ wikibbskw.com

2022 MAY -3 PM 5:25

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

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

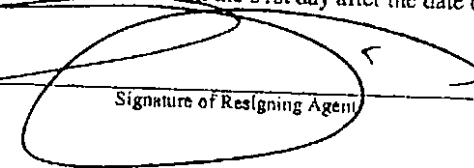
Suzanne N. Wibbs, hereby resigns as
Name of Registered Agent

Registered Agent for Smith Realty of Panama City LLC
Name of Limited Liability Company

L15000130803
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.

(X) 
Signature of Resigning Agent

If signing on behalf of an entity:

Suzanne N. Wibbs
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