

LIB000097189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

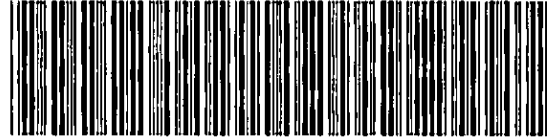
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/23/19--01013--012 \*\*25.50

FILED  
19 FEB 14 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
FEB 16 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2019

MATTHEW ROOT  
1201 CENTRAL HAVEN DR, APT 320  
MT PLEASANT, SC 29464

SUBJECT: MJ'S SAVINGS AND PROTECTION LLC  
Ref. Number: L18000097189

We have received your document for MJ'S SAVINGS AND PROTECTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 119A00001987

2019 FEB 13 11:11:19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MT's Savings and Protection  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Matthew Reot  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1201 Central Haven Dr apt 320  
(Address)

Mount Pleasant, SC 29464  
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Reot at (843) 412-5236  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

FILED  
19 FEB 15 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MJ's Savings and Protection

2. The Florida document/registration number assigned to this limited liability company is:

L18000097189

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-31-18

4. 1. Matthew Ront, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member/President/all Roles  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Matthew Ront

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)