## 118000170138

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
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S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Name of Lim	· · · · · · · · · · · · · · · · · · ·			
	iited Liability	Company		
DOCUMENT NUMBER: L18000170138				
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning this	s matter to th	e following:		
United States Corporation Agents. Inc.				
Name of Person				
LegalZoom.com, Inc.				
Name of Firm/Company				
101 North Brand Blvd. 11th Floor				
Address				
Glendale, CA 91203				
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:			
Joyce Yi Name of Person at	800	773-0888 x7789		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	i Department rely dissolved	of State for \$85.00 for an active limited I. voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	T ADDRESS:		
Registration Section	~	Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unders	igned.	
United States Corp	poration Agents. Inc.	hereby resigns as	
	Name of Registered Agent	verve j. vervejem m	
Registered Agent for _	SMITH LMHC LLC		
	Name of Limited Liability Company		
L18000170138			
Document S	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day after t	he date on which this statement is	filed.
	an		
	Signature of Resigning Agent	702	
If signing on behalf of	an entity:	2029 SEP	- 1
	Cheyenne Moseley	:,	10-22 2022 2022 2022 2022 2022 2022 2022
	Typed or Printed Name	<del></del>	! 
	Asst. Secretary for United States Corporation Age	nts, Inc.	100000
	Capacity	nts, Inc.	11275

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

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES: