LISOO0257132

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RARES

APR 1 6 2019

I ALBRITTON

COVER LETTER

SUBJECT: SMG CUSTOM MILLWORK UC Name of Limited Liability Company
DOCUMENT NUMBER: <u>L18000257132</u>
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:
Sheila Crowson Name of Person
SMG Custom Millwork, UC Name of Firm/Company
8999 N. Light Mile Creek Rd
Pensacola FL 32534 City/State and Zip Code
SMGCUStommillwork @ amil. com Estalial address: (to be used for future annual port notification)
For further information concerning this matter, please call:
Sheila Goodson at (\$50) 501-4795 Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

STREET ADDRESS:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (2/14)



March 5, 2019

SHEILA GOODSON SMG CUSTOM MILLWORK, LLC 8999 N. EIGHT MILE CREEK RD PENSACOLA, FL 32534

SUBJECT: SMG CUSTOM MILLWORK, LLC

Ref. Number: L18000257132

We have received your document for SMG CUSTOM MILLWORK, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not resign as manager and registered agent on the same form.

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) 245-6050.

Letter Number: 219A00004516

Irene Albritton Regulatory Specialist II

www.sunbiz.org

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115	5. Florida Statutes, the u	ındersigned.		
Sonnye	Goodson		, hereby resigns	s as	
J	Name of Registered Agen	H			
Registered Agent for	SMG	Custom M	lillwork	,UC	_
	Name of Limi	ited Liability Company			
L\8000255 Document Num	U32 nber, if known				
A copy of this resignation	n was mailed to the a	bove listed limited liabi	ility company at its !	last known address	S.
The agency is terminated	and the office discor	Signature of Resigning Ag		nich this statement	is filed.
If signing on behalf of an	entity:				
	Ту	yped or Printed Name		2016	. •
		Capacity		2019 APK 10	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissembled liability	ty company solved/ voluntarily c ability company	dissolved/ ====================================	FH 3: 40

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