

L190000 21019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

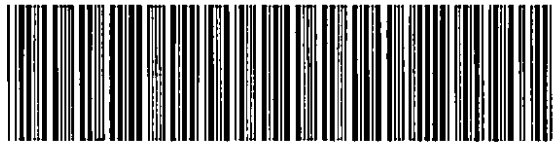
(Business Entity Name)

(Document Number)

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D. BRUCE
SEP 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMB G-IV VII, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000021019

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:

Alicia Medina
Name of Person

Jarvis & Associates, P.A.
Name of Firm/Company

1550 Madruga Avenue, Suite 220
Address

Coral Gables, Florida 33146
City/State and Zip Code

am@jarvislaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Medina at (305) 448-4848
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jarvis & Associates, P.A.

hereby resigns as

Name of Registered Agent

Registered Agent for SMB G-IV VII, LLC

Name of Limited Liability Company

L19000021019

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.



Signature of Resigning Agent

If signing on behalf of an entity:

James W. Jarvis

Typed or Printed Name

Director

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withdrawn limited liability company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

2020 JUL 23 PM 6: 08
SECRETARY OF STATE
TALLAHASSEE, FL

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