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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| TO: | Registration Section Division of Corporations | | |
|-----------|---|--------------------------|---|
| SUBJE | SMJ PROPERTY GROUP LLC | ne of Limited Liability | · Company |
| DOCU | MENT NUMBER: | 6 | |
| The enc | losed Resignation of Registered g. | Agent for a Limited | d Liability Company and fee are submitted |
| Please r | eturn all correspondence concer | ning this matter to tl | he following: |
| Chelsea (| Chapman | | |
| | Name of Person | | - |
| Legalinc | Corporate Services, INC. | | |
| | Name of Firm/Compar | У | - |
| 10601 CI | arence Dr Ste 250 | | |
| | Address | | - |
| Frisco, T | X 75033-3867 | | |
| | City/State and Zip Cod | e | - |
| ra@legal | inc.com | | |
| E-m | ail address: (to be used for future annu | ual report notification) | • |
| For furtl | her information concerning this | matter, please call: | |
| Chelsea (| Chapman | 844 | 386-0178 |
| | Name of Person | at (at Code | 386-0178) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio | ns of section 605.011 | 15, Florida Statutes, the und | lersigned. | | | |
|------------------------------------|------------------------------------|--|---|---|----------------------|-------------|
| Legaline Corporate Services, INC. | | , hereby resigns as | | | | |
| • | Name of Registered Age | | , | | | |
| Registered Agent for Si | MJ PROPERTY GRO | UP LLC | | | | |
| | Name of Lir | mited Liability Company | | | · | |
| L19000071816 | | | | | | |
| Document Nu | ımber, if known | | | | | |
| ,, | | above listed limited liability ontinued on the 31st day aft | | | | filed. |
| | | | <u> </u> | 4.00 | | |
| | | Signature of Resigning Agent | | = 5E | 202; | |
| If signing on behalf of an entity: | | | F | ₹ | ;; 1 444-1823 | |
| | Chelsea Chapman | | | - 148 C 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - 168 - | ~ | e~. |
| | | Typed or Printed Name | | ٠,٠ | \circ | [|
| | On Behalf of Legalin | nc Corporate Services, INC. | | ن ٠٠ | P | ا الحجاء |
| | | Capacity | | Line. | 2022 NOV 15 PM 12: 2 | |
| | | | | L 75 | 29 | |
| | FILING © \$ 85.00 © \$ 25.00 | FEES: Active limited liability of Administratively dissolventher withdrawn limited liabi | company ved/ voluntarily disse lity company | olved/ | | |

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