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٩)	Requestor's Name)
(A	ddress)
A)	ddress)
(C	City/State/Zip/Phone #)
(E	Business Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only

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Office Use Only



Resignation of Registered Agent for a Limited Liability Company Capitol Corporate Services, Inc. PO Box 1831 AustingTX 78767 Phone: (800) 345-4647 Fax: (800) 432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
 DATE:
 12/20/2021

 STATE:
 FLORIDA

 REP UNIT:
 FMTM, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 32284 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

> Capitol Corporate Services, Inc. Registered Agent Services



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Capit	ol Corporate Services, Inc. Name of Registered Agent	, hereby resigns as
Registered Agent for	FM	TM, LLC
L	Name of the Lin	nited Liability Company

20000081873

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:

Yvette Cleveland
Typed or Printed Name
Assistant Secretary
Capacity



\$ 85.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

DEC 27 ALLID: C

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