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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Moncion Capital, LLC Name of Limited Liability Co	ompany
DOCUMENT NUMBER: L21000068397	
The enclosed Resignation of Registered Agent for a Limited Lifer filing.	iability Company and fee are submitted
Please return all correspondence concerning this matter to the f	following:
Robert J. Neary, Esq.	
Name of Person	
Kozyak Tropin & Throckmorton	
Name of Firm/Company	
2525 Ponce de Leon Blvd., 9th Floor	
Address	
Coral Gables, FL 33134	
City/State and Zip Code	
rn@kttlaw.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
	372-1800
Name of Person Area Code D	Paytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

MJ Taxes and More Inc	,	, hereby resigns	20		
Name of Registered Agent , hereby is		, nereby resigns	as		
Registered Agent for _	Moncion Capital, LLC				_
	Name of Limited Liability Company				_•
	Name of Limited Liability Company				
1.21000068397					
Document :	Number, if known				
A copy of this resignat	tion was mailed to the above listed limited liabili	ty company at its la	ist known a	ddress.	
The agency is termina	ted and the office discontinued on the 31st day at	fter the date on which	ch this state	ement i	s filed.
	Signature of Resigning Agen	ıt	₹0	2(
If signing on behalf of	an entity:		TAL TAL	2021 SEP	بد نور
	Corali Lopez-Castro, Esq.		<u>- 유</u> 류 >미	ijģ	3
	Typed or Printed Name		55	20	≃≂.
	Court-appointed Receiver for MJ Taxes and Mor	re	-29 Jan	<u> </u>	 , t p
	Capacity			M 9: 5	Enger L
				: 51	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissolution withdrawn limited liab	company Ived/voluntarily di pility company	ssolved/		

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