LZ1000106368

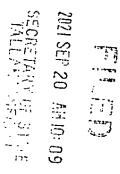
(Requestor's Name)					
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09/20/21--01037--001 **15240.00



COVER LETTER

Nat	ne of Limited L	iability	Company
DOCUMENT NUMBER: L2100010630	<u> </u>		
The enclosed Resignation of Registered for filing.	d Agent for a l	limited	d Liability Company and fee are subm
Please return all correspondence conce	rning this matt	ter to th	he following:
Robert J. Neary, Esq.			
Name of Person			-
Kozyak Tropin & Throckmorton			
Name of Firm/Compa	ny		-
2525 Ponce de Leon Blvd., 9th Floor			
Address	·		-
Coral Gables, FL 33134			
City/State and Zip Co	de		-
rn@kttlaw.com			
E-mail address: (to be used for future and	nual report notific	ration)	-
For further information concerning this	s matter, please	e call:	
Robert J. Neary	30 at (5) 372-1800 Daytime Telephone Number
Name of Person	Area	a Code	Daytime Telephone Number

Mailing Address:

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

Registration Section Division of Corporations

TO:

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

Pursuant to the provis	ions of section 605.0115. Florida Sta	tutes, the undersigned.	
MJ Taxes and More Inc , hereby re		, hereby resigns a	ıs
	Name of Registered Agent		
Registered Agent for	KHAN3, LLC		
	Name of Limited Liability Co	ompany	
L21000106368			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed li	mited liability company at its las	t known address.
The agency is termina	ted and the office discontinued on the	e 31st day after the date on which	h this statement is filed.
		_	
	Signature of R	esigning Agent	e 2
If signing on behalf o	fan entity:		F- FT 2021 SEP 20 SECRETANO
Corali Lopez-Castro, Esq.			
	Typed or Printed	Name	20
	Court-appointed Receiver for MJT;	axes and More	· 经产品 第
	Capacity		
			M 10: 09
	FILING FEES: \$ 85.00 Active limi \$ 25.00 Administra withdrawn	ted liability company tively dissolved/ voluntarily dis- limited liability company	solved/

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