# 121 000 174 335

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| (Socialistic Hamber)                    |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

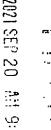
Office Use Only



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2021 SEP 20 AH 9: 54 SECRETARY OF JUNE TALL AHLY SEP S. JU.



### **COVER LETTER**

| TO:                        | Registration Section Division of Corporations   |
|----------------------------|---|
| SUBJ                       | Moncion Capital Group LLC   |
| 00.50                      | Name of Limited Liability Company   |
| DOC                        | UMENT NUMBER: L21000174335  |
| The e                      | nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.  |
| Please                     | e return all correspondence concerning this matter to the following:  |
| Rober                      | J. Neary, Esq.  |
|                            | Name of Person  |
| Kozya                      | k Tropin & Throckmorton   |
|                            | Name of Firm/Company  |
| 2525 I                     | Ponce de Leon Blvd., 9th Floor  |
|                            | Address   |
| Coral                      | Gables, FL 33134  |
|                            | City/State and Zip Code   |
| m@kt                       | tlaw.com  |
| —_F                        | -mail address: (to be used for future annual report notification)   |
| For fi                     | erther information concerning this matter, please call:   |
| Rober                      | Name of Person at ( 305 372-1800 Area Code Daytime Telephone Number   |
|                            | Name of Person Area Code Daytime Telephone Number   |
| Enclo<br>liabili<br>limite | sed is a check made payable to the Florida Department of State for \$85.00 for an active limited ty company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn d 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

| Pursuant to the provis             | ions of section 605.0115, Florida Statutes, the   | undersigned,                                       |  |
|------------------------------------|---|--|--|
| MJ Taxes and More Inc              |   | , hereby resigns as                                |  |
|                                    | Name of Registered Agent  | , nercey resigns as                                |  |
| Registered Agent for               | Moncion Capital Group LLC   |  |  |
|                                    | Name of Limited Liability Company   | <del></del> ,                                      |  |
| 1.21000174335                      |   |  |  |
| Document                           | Number, if known  |  |  |
| _                                  | atton was mailed to the above listed limited lia atted and the office discontinued on the 31st da  Signature of Resigning A | y after the date on which this statement is filed. |  |
| If signing on behalf of an entity: |   | 2021 SEP 20<br>*ECRETY?                            |  |
|                                    | Corali Lopez-Castro, Esq.   | SE SE  |  |
|                                    | Typed or Printed Name Court-appointed Receiver for MJ Taxes and I   | More 20  |  |
|                                    | Capacity  | 9 3 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5          |  |
|                                    | FILING FEES: \$ 85.00 Active limited liabi \$ 25.00 Administratively di withdrawn limited                                   | lity company ssolved/ liability company            |  |

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