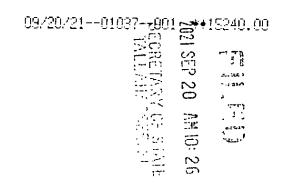
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Division of Corporations
JBJECT: Name of Limited Liability Company
Name of Entitled Platonicy Company
DCUMENT NUMBER: 1.21000190819
te enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit r filing.
ease return all correspondence concerning this matter to the following:
obert J. Neary, Esq.
Name of Person
ozyak Tropin & Throckmorton
Name of Firm/Company
25 Ponce de Leon Blvd., 9th Floor
Address
oral Gables, Ft. 33134
City/State and Zip Code
@kttlaw.com
E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
Name of Person 205 372-1800 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
iclosed is a check made payable to the Florida Department of State for \$85.00 for an active limite bility company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn nited liability company.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 605.011	5, Florida Statutes, the un	dersigned,			
MJ Taxes and More Inc . hereby			, hereby resigns a	as		
	Name of Registered Age	ent				
Registered Agent for	LOURENCOI LLC					<u>.</u>
	Name of Lir	nited Liability Company				
1.21000190819						
Document	Number, if known					
1.		ontinued on the 31st day at Signature of Resigning Agen	fier the date on whic			
If signing on behalf of	f an entity:			1.5	~	
	Corali Lopez-Castro, Esq.			<u> </u>	021	
		Typed or Printed Name reiver for MJ Taxes and Mor	'e		7021 SEP 20	ي د. رو د. دو.
		Capacity		- 12.1 - 12.1		' • •r
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dis pility company	ssolved/	AM 10: 26	. j

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