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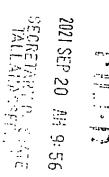
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COVER LETTER

MJ Intellectual Property Holdings LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000264380	-
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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:	
Robert J. Neary 305	372-1800
Name of Person at (at (Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the u	ndersigned.	
MJ Taxes and More Inc Name of Registered Agent		, hereby resigns as	
	Name of Limited Liability Company		_•
1.21000264380			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liabil	lity company at its last known address	
The agency is termina	ted and the office discontinued on the 31st day a	after the date on which this statement i	s filed.
	Signature of Resigning Age		
If signing on behalf of an entity:		2021 SEP 20 TALL VPA	المنظوري
	Corali Lopez-Castro, Esq.		- 1
	Typed or Printed Name		
	Court-appointed Receiver for MJ Taxes and Mc	ore 25 📆	!
	Capacity	9: 56	לביי.

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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