

L210000281014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

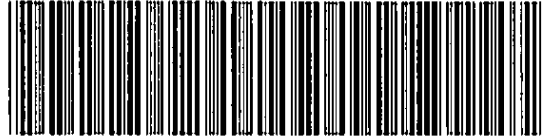
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Kid ENT Promotions LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000281014

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the 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

Name of Person

at (

305

Area Code

372-1800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

MJ Taxes and More Inc _____, hereby resigns as
Name of Registered Agent

Registered Agent for Florida Kid ENT Promotions LLC _____

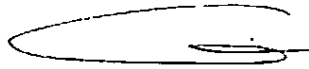
Name of Limited Liability Company

L21000281014 _____

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Corali Lopez-Castro, Esq. _____

Typed or Printed Name

Court-appointed Receiver for MJ Taxes and More _____

Capacity

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 20 PM 1:30

FILED

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