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| (Re | questor's Name) | | |
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| (Address) | | | |
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| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
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| (Bu | isiness Entity Nan | ne) | |
| | | | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificates | of Status | |
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| Special Instructions to | Filing Officer: | · | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|------------------|--|---|
| SUBJE | ECT: R&Y Roast of Land LLC Name of Limited Liability | y Company |
| DOCU | 1.21000322846 | |
| The enfor filing | closed Resignation of Registered Agent for a Limited | d Liability Company and fee are submitted |
| Please | return all correspondence concerning this matter to t | he following: |
| Robert . | J. Neary, Esq. | |
| | Name of Person | - |
| Kozyak | Tropin & Throckmorton | |
| | Name of Firm/Company | - |
| 2525 Pc | once de Leon Blvd., 9th Floor | |
| _ | Address | - |
| Coral G | ables, FL 33134 | |
| | City/State and Zip Code | - |
| rn@ktsl | aw.com | |
| E-1 | mail address: (to be used for future annual report notification) | - |
| For fur | ther information concerning this matter, please call: | |
| Robert J | J. Neary 305 |) 372-1800 Daytime Telephone Number |
| | Name of Person Area Code | Daytime Telephone Number |

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 prov | visions of section 605.0115, Florida Statutes | s, the undersigned, |
|---|--|---|
| MJ Taxes and More Inc Name of Registered Agent | | , hereby resigns as |
| | | |
| Registered Agent for | or R&Y Roast of Land LLC | |
| | | |
| | Name of Limited Liability Compa | nny |
| 1.21000322846 | | |
| Docume | ent Number, if known | |
| The agency is termi | inated and the office discontinued on the 31 Signature of Resign | st day after the date on which this statement is filed |
| If signing on behalf | of an entity: | 20 Si: |
| | Corali Lopez-Castro, Esq. | 2021 SEP SEGRETO TALLA |
| | Typed or Printed Name | |
| | Court-appointed Receiver for MJ Taxes | and More |
| | FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn lim | liability company ly dissolved/ voluntarily dissolved/ ited liability company |

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