

L23000364719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

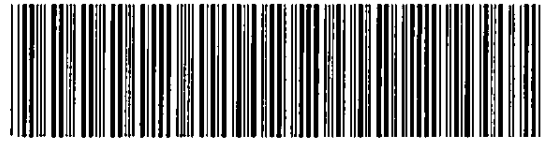
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 26 2024

Office Use Only



000434921310

08/19/24--01021--005 \*\*185.00

FILED  
2024 AUG 19 AM 11:32  
FILING OFFICE  
STATE OF MISSISSIPPI

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AJS APPRAISAL & ESTIMATES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000364719

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:

Travis Crabtree  
Name of Person

LEGALCORP SOLUTIONS. LLC  
Name of Firm/Company

3 Greenway Plaza #1320  
Address

Houston, TX 77046  
City/State and Zip Code

ajsweet1977@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LegalCorp Solutions, LLC at ( 888 ) 534-3018  
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

LEGALCORP SOLUTIONS, LLC

hereby resigns as

Name of Registered Agent

Registered Agent for AJS APPRAISAL & ESTIMATES LLC

Name of Limited Liability Company

L23000364719

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:

Travis Crabtree

Typed or Printed Name

Member

Capacity

**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

FILED  
2024 AUG 19 AM 11:33  
STATE  
TALLAHASSEE, FL 32314