

M1500000 9695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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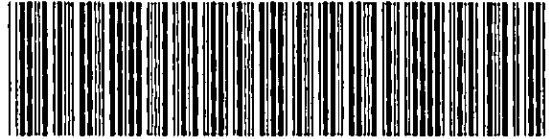
(Business Entity Name)

(Document Number)

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2019 JAN 22 PM 5:10

OFFICE OF STATE  
TALLAHASSEE, FL

C. GOLDEN

JAN 28 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MJ CAPITAL MANAGEMENT, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M15000009695

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:

Corrie Melchor

Name of Person

Paracorp Incorporated

Name of Firm/Company

2804 Gateway Oaks Dr Ste 100

Address

Sacramento, CA 95833

City/State and Zip Code

cmelchor@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corrie Melchor

Name of Person

at ( 888 ) 418-8861

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Paracorp Incorporated**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **MJ CAPITAL MANAGEMENT, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**M15000009695**

\_\_\_\_\_  
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:

**Jody Moua**

\_\_\_\_\_  
Typed or Printed Name

**Asst. Secretary**

\_\_\_\_\_  
Capacity

**FILED**  
2019 JAN 22 PM 5:10  
TALLAHASSEE, FL

## **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**