

PI4 000000 1971

(Requestor's Name)

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(City/State/Zip/Phone #)

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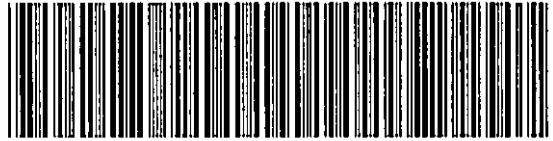
(Business Entity Name)

(Document Number)

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Resignation of
RA

11/19/21--01005--005 **35.00

ST. LOUIS COUNTY
CLERK OF COURT
OFFICE OF THE CLERK
OF COURT
ST. LOUIS, MO 63102

2021 NOV 19 PM 12 02

FILED

A. RAMSEY

DEC 13 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smart Choice Consulting and Marketing Inc.

(Name of Corporation)

DOCUMENT NUMBER: P14000001971

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Susan Pennington

(Name of Person)

Law Office of Howard L. Schwartz, P.A.

(Name of Firm/Company)

7781 NW Beacon Square Blvd, Suite 102

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Pennington at (561) 997-0000

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2021 NOV 19 PM 12 02

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Law Office of Howard L. Schwartz, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Smart Choice Consulting and Marketing, Inc.

(Name of Corporation)

P14000001971
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Howard L. Schwartz

(Typed or Printed Name)

Registered Agent

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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