

3/23/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: resignations@urscompliance.com

REGISTERED AGENT RESIGNATION
SMYDZ CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

MAR 24 2021

M. SOLOMON

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SMYDZ CORP.**

(Name of Corporation)

DOCUMENT NUMBER: **P16000018368**

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:

Ashley Willingham

(Name of Person)

URS Agents, LLC

(Name of Firm/Company)

3675 Crestwood Pkwy Suite 350

(Address)

Duluth, GA 30096

(City/State and Zip Code)

For further information concerning this matter, please call:

Ashley Willingham at **877 275-27-67**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, URS AGENTS, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for SMYDZ CORP.

(Name of Corporation)

P16000018368

(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:

Edwardo Saldana

(Typed or Printed Name)

Manager

(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

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32314

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