P190000 42167

(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:





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03/18/20--01914--012 **87.50

SCHETARY OF SIMIL

3/23/20

COVER LETTER

SUBJECT DOCUME The enclose	P19000042167 ENT NUMBER: sed Resignation of Registered Again all correspondence concerning	(Name of Corpo	oration and fee are submitted for filing.
DOCUMI	P19000042167 ENT NUMBER: sed Resignation of Registered Again all correspondence concerning	(Name of Corpo	oration and fee are submitted for filing.
DOCUMI	P19000042167 ENT NUMBER: sed Resignation of Registered Again all correspondence concerning	gent for a Corp	oration and fee are submitted for filing.
The enclos	ENT NUMBER: sed Resignation of Registered Ag urn all correspondence concernin		-
	urn all correspondence concernin		-
Please retu		g this matter to	the following:
		~	<u> </u>
Randall Sn			
	(Name of Person)		<u> </u>
	A) (F)		_
	(Name of Firm/Company)		
111 S.E. 2n	nd St. Unit 101		
	(Address)		
13 d D	,		
ренау веа	ich, FL 33444		
	(City/State and Zip Code)	 , ,	
For further	r information concerning this ma	tter inlease call	ı.
Randall Sm	-	•	
Kandan Sn	IIIN	954	520-3041
	(Name of Person)	at (de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Strect 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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.		
Florida Statutes, the undersigned,		
(Name of Registered Agent)		
Smith Family Construction Holding Company, Inc.		
hereby resigns as Registered Agent for		
(Name of Corporation)		
P19000042167		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known add	ress.	
The agency is terminated and the office discontinued on the 31st day after the date on whi this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity:	ස් 2020 MAR 13 PM	STORY OF MOISTAR
(Typed or Printed Name)	2:14	IATE 4
(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