P19 0000 59133

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Durings Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2021 OCT 12 PH 2: 1 SECRETARY OF SHALL

COVER LETTER

| TO: | Amendment Section |
|-------------|--|
| | Division of Corporations |
| SUBJI | ECT: Kalty Plata Luxury Rentals Inc |
| | (Name of Corporation) |
| DOCU | MENT NUMBER: P19000059133 |
| The en | closed Resignation of Registered Agent for a Corporation and fee are submitted for fil |
| Please | return all correspondence concerning this matter to the following: |
| - | |
| | lobert J. Neary, Esq. |
| | (Name of Person) |
| K | ozyak Tropin & Throckmortoп |
| | (Name of Firm/Company) |
| 25 | 25 Ponce de Leon, Blvd., 9th Floor |
| | (Address) |
| Cc | ral Gables, FL 33134 |
| | (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| Robert | J. Neary at (305) 372-1800 |
| | J. Neary at (305) 372-1800 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions | of sections 607.0503(2), 617.0502(2), 607. | 1509, or 617.1509, | |
|---|---|---|--|
| Florida Statutes, the under | rsigned. MJ Taxes & More Inc | | |
| , - | (Name of Registered Agent) | | |
| hereby resigns as Register | ed Agent for Katty Plata Luxury Rentals Inc | | |
| | (Name of Corporation) | | |
| P19000059133 | | | |
| (Document Number, if | known) | | |
| A copy of this resignation | was mailed to the above listed corporation a | at its last known address. | |
| The agency is terminated a this statement is filed. | and the office discontinued on the 31st day a | fter the date on which | |
| | (Signature of Resigning Agent) | | |
| If signing on behalf of an e | entity: | FT N 2021 OCT 1 3ECRETALI JALLAG | |
| Corali Lop | ez-Castro, Esq. | <u> </u> | |
| | (Typed or Printed Name) | 25 PM 25 | |
| Court-app | pointed Receiver for MJ Taxes and More | | |
| | (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