Pa30000 10355

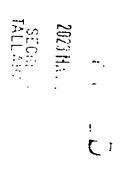
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
`	,	
- (City	/State/Zip/Phone	<u>#</u>
(Oit)	/Otate/Elph Hollo	<i>''')</i>
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
	-	<u></u> -
Special Instructions to f	Filing Officer:	
	V.	
	11/2 8 70 P.N.	' -
	1 2 N/V	\$
	202	
	ξ.υ	

Office Use Only



500409222675

05/23/23--01012--003 **310.00



O

COVER LETTER

TO: Amendment Section Division of Corporations	
MJT ESTATE INC SUBJECT:	
(Name of Corporati	on)
DOCUMENT NUMBER: P23000010355	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Brittney Fulghum	
(Name of Person)	
LEGALCORP SOLUTIONS, LLC	
(Name of Firm/Company)	
3 Greenway Plaza Ste 1320	
(Address)	•
Houston, TX 77046	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Brittney Fulghum 888 at (534-3018
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 SECRETARIAN

.....

Pursuant to the pi	rovisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes.	he undersigned LEGALCORP SOLUTIONS, LLC
r iorida Bididies.	(Name of Registered Agent)
haraby reciune ac	Registered Agent for MJT ESTATE INC
neredy resigns as	(Name of Corporation)
P23000010355	
(Document	Number, if known)
A copy of this res	signation was mailed to the above listed corporation at its last known address.
The agency is ter this statement is (minated and the office discontinued on the 31st day after the date on which iled.
	(Signature of Resigning Agent)
If signing on beha	alf of an entity:
	Travis Crabtree
	(Typed or Printed Name)
	Member
	(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