NA1000003379

(Requestor's Name)			
(Address)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	Mothers Fighting 4 Justice, LLC	
0000	(Name of C	Corporation)
DOCU	JMENT NUMBER: N21000002379	
The en	nclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing
Please	return all correspondence concerning this mat	tter to the following:
Dorothy	y Williams	
	(Name of Person)	
Mother	s Fighting 4 Justice, LLC	
	(Name of Firm/Company)	
450 NV	V 214th St #102	
-	(Address)	
Miami,	FL 33169	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, pleas	se call:
Doroth	y Williams 305 at (s.
	(Name of Person) (Ar	rea 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2022 FEB -7 AM IO: 03

SECRETARY OF STATE TALLAHASSEE, FLORE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dorothy Williams
(Name of Registered Agent)
hereby resigns as Registered Agent for Mothers Fighting 4 Justice, LLC
(Name of Corporation)
N21000002379
(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.
Dovothi William (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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