# L120000 44920

(Re	questor's Name)				
	-				
(Address)					
(Ad	dress)	,			
(Au	uicssy	•			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
,					





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SECRETARY OF STATE TALL AFIASSEE, FLORIDA

IJUN - 2 2015 T CANNON

#### COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: RENT SMART FT. LAUDERD	ALE LLC	
	(Name of Limite	d Liability Cor	mpany)
The en	closed member, resignation or dissociati	on and fee(s	s) are submitted for filing.
Please	return all correspondence concerning this	is matter to:	
GABR	RIEL GUIJARRO		
	(Contact Person)		_
RENT	SMART FT. LAUDERDALE LLC		
	(Firm/Company)		_
339 S	E 24TH STREET		
	(Address)		_
FT LA	UDERDALE, FL 33316		
	(City/State and Zip Code)		_
For fur	ther information concerning this matter,	please call:	
GABR	RIEL GUIJARRO	954 t (	640-7368
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	ed please find a check made payable to the Filing Fee		Department of State for: Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ation Section n of Corporations		Registration Section Division of Corporations
	Building		P.O. Box 6327
	xecutive Center Circle ssee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



#### FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAY 26 PM I2: 52

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lin	mited liability company	as it appears on the records of the Flo	rida Department
of State is: REN	T SMART FT.	LAUDERDALE UC	
2. The Florida docum	nent/registration number	assigned to this limited liability comp	pany is:
L12000044920			
3. The date this mem	ber/manager withdrew/re	esigned or will withdraw/resign is:	/15/2015
4. I, J SCOTTI	CD Description	, hereby withdraw/resign as a	
MGRM	ie oj Person Kesigning)		
(Pr	rint Title)		
resignation in writing	ng.	the limited liability company has been	n notified of my
Signature of Diss	oclating Member or Resi	igning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		