1130000149786

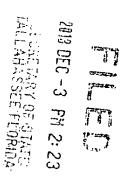
(Parwastada Noma)	
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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DEC 04 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Swy + 695 Back Pa (Name of Limited Liability Cor	ok, UC
The enclosed member, managing member or manager resigniling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Robin Button (Contact Person)	_
Smart GPS Back Pack (Firm/Company)	TALLAHAS
P.D. Box 86654 (Address)	SEE FLOR
MAdeira Bel Pl 33735 (City/State and Zip Code)	2
For further information concerning this matter, please call:	
Robin Button at (727) (Name of Contact Person) (Area Code) 504 9/20 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Date 11/11/2013

See attached resignations for both Catain Smart Inc and for Smart GPS Back Pack, LLC. I have enclosed a check for \$70.00 so that both resignations can be processed.

Should you have any additional questions or need to speak to me directly I can be reached @ 727 504 9120.

Robin Button

Thank you

duttorilezaryahoo.com

727 504-9102

2013 DEC -3 FM 2: 23



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as	it appears on th Back	e records of th	e Florida Departn	nent
2. This limited liabi	ility company was organized	under the laws	of:		
	iment/registration number of 0060 49786	this limited lia	bility company	2013 DEC	Chapit
4. I, Robi	Button ame of Person Resigning)	, hereby re	esign as a <u></u>	(Printifile)	T'T
of this limited liab	oility company and affirm the ting.	e limited liabili	ty company ha	s been stiffed of	my
Signature of Resignature	gning Member, Managing M	lember or Mana	ager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				