

210000088421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

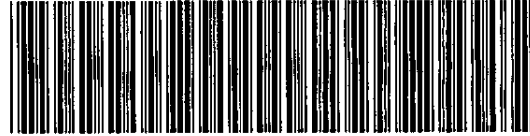
(Business Entity Name)

(Document Number)

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NOV 16 2014
C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SMART RISK SOLUTIONS INC
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angel Rivero

(Name of Person)

(Name of Firm/Company)

5461 N University Dr Ste 104

(Address)

Coral Springs Fl 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Angel Rivero

(Name of Person)

at (**954**) **651-4233**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Joel Ledezma, hereby resign as President
(Title)

of SMART RISK SOLUTIONS INC
(Name of Corporation)

P10000088421, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 12 PM 3:24

FILED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314