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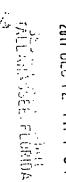
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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C. GOLDEN

DEC 1 3 2017

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SM SARASOTA INC.	
(Name of Corporation)	
DOCUMENT NUMBER: F1600000064	
The enclosed Resignation of Registered Agent for a Corporation and fe	e are submitted for filing.
Please return all correspondence concerning this matter to the followin	g:
Legal Services Division (Name of Person)	δ_{x} , δ_{x}
First Corporate Solutions, Inc. (Name of Firm/Company)	
12631 Imperial Highway F-106	1233
Santa Fe Springs, CA 90670 (City/State and Zip Code)	\mathbf{c}_{-+}
For further information concerning this matter, please call:	
Dena La Porta at (844) 392-7 (Name of Person) at (Area Code & Daytime	7588 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

-	
	RESIGNATION OF REGISTERED AGENT FOR A CORPORATION risions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
•	
	RESIGNATION OF REGISTERED AGENT
	FOR A CORPORATION
	A COM
ursuant to the prov	risions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
lorida Statutes, the	undersigned, FIRST CORPORATE SOLUTIONS INC
	(Name of Registered Agent)
ereby resigns as Re	egistered Agent for SM SARASOTA INC.
	(italic of Corporation)
F1600000000	54
(Document Nu	mber, if known)
copy of this resig	nation was mailed to the above listed corporation at its last known address.
he agency is termi	nated and the office discontinued on the 31st day after the date on which
nis statement is file	d.
_	(Signature of Resigning Agent)
f signing on behalf	of an entity:
. Signing on bendit	
Δ	ngelina Hinojoza
	(Typed or Printed Name)
	(Typed of Timed Rame)
6	ocrotory.
S	ecretary

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

(Capacity)