L02000 034184

| (Re | equestor's Name) | | |
|-------------------------|------------------------|------|--|
| | | | |
| (Ad | ldress) | | |
| | | | |
| (Ad | ldress) | • | |
| (Cit | ty/State/Zip/Phone | e #) | |
| | | · | |
| PICK-UP | ☐ WAIT | MAIL | |
| | | | |
| (Bu | isiness Entity Nar | me) | |
| (Dc | ocument Number) | | |
| (50 | oument (value) | | |
| Certified Copies | Certificates of Status | | |
| | | | |
| Special Instructions to | Filing Officer: | | |
| | • | | |
| | | ! | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



500112339595

11/16/07--01056--008 **75.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

| SUBJECT: | SMITH, LLC | | | |
|-------------------------|--|--|---|--------------------|
| | | mited Liability Company) | | |
| The enclosed Articles | s of Amendment and fee(s) are su | ubmitted for filing. | | |
| Please return all corre | espondence concerning this matte | er to the following: | | |
| | A. Kurt | Ardaman | | |
| | | (Name of Person) | | |
| | Fishback Do | minick Law Firm | | |
| | | (Firm/Company) | | |
| 1947 Lee Road | | | | 07 07 |
| | | (Address) | | NON |
| | Winter Park | , FL 32789 | | - 6 F |
| | | (City/State and Zip Code) | | PH |
| For further information | on concerning this matter, please | call: | | O7 NOV 16 PM 2: 04 |
| . А. | Kurt Ardaman | at (407) 262-8400 | | |
| (Na | me of Person) | (Area Code & Daytin | ne Telephone Number) | _ |
| Enclosed is a check for | the following amount: | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enc | losed) |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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 limited liability company as it a | ppears on the records | of the Flo | rida Depa | rtment | |
|--|-----------------------------|-------------|---------------|-------------------|--|
| of State is: Smith, LLC | | | | · | |
| 2. This limited liability company was organized und State of Florida | der the laws of: | | 07 NOV 16 PM | SECRETARY OF CORP | |
| 3. The Florida document/registration number of this L02000034184 | s limited liability con | npany is: | H 2: 04 | ORATIONS | |
| 4. I, Dosia Mae Smith | , hereby resign as a | Manager | Member | | |
| (Print Name of Person Resigning) | | (Pri | (Print Title) | | |
| of this limited liability company and affirm the line resignation in writing. Mae Sm. 774 | nited liability compar | ny has beer | ı notified | of my | |
| Signature of Resigning Member, Managing Mem | ber or Manager | | | | |

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: