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(R	equestor's Name)		
(A	ddress)		
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		76	
. (C	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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()	usiness Entity Nam	e)	
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O9 SEP 29 PH 1: 48
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. BRYAN

SEP 3 0-2009

EXAMMER

COVER LETTER

Division of Corporations		
SUBJECT: E F Smart LLC	ed Liability Company)	
(Name of Limit	ed Liability Company)	
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for	
Please return all correspondence concerning the	his matter to:	
Stephen Hall		
(Contact Person)		
E F Smart LLC	S O	
(Firm/Company)	09 SEP 29 PH 1: 48 SECRETARY OF STATE FALL AHASSEE. FLORIDA	
4425 Crooked Mile Rd.	TARY TARS	
(Address)	PH PH	
Merritt Island, FL 32952	STATIOR OR	
(City/State and Zip Code)	- Ori &	
For further information concerning this matter	r, please call:	
Stephen Hall	_{at (} 321 ₎ 449-0400	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$\sqrt{2}\$	the Florida Department of State for: \$55 Filing Fee &	
-	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Evecutive Center Circle	Tallahassee Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a Smart LLC	s it appears on the records of the	e Florida Department		
2. This limited liab	ility company was organize	ed under the laws of:			
3. The Florida doct	_	of this limited liability company	_		
			MGR		
_{4. I.} Joseph D. McBride Jr.		, hereby resign as a Financial Member			
(Print Name of Person Resigning)		, nereby resign as a	(Print Title)		
resignation in wr		he limited liability company has Member or Manager	been notified of my		
_	\$25.00 (Required) \$30.00 (Optional)		09 SEP 29 PH SECRETARY OF FALLAHASSEE.		