L04000060310

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
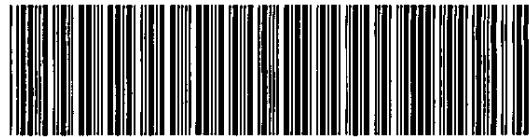(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RA Resign
Thenis
10-1-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____ E F Smart LLC _____
Name of Limited Liability Company

DOCUMENT NUMBER: _____ L04000060310 _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Hall
Name of Person

E F Smart LLC
Name of Firm/Company

4425 Crooked Mile Rd.
Address

Merritt Island, FL 32952
City/State and Zip Code

steve.hall@efsmart.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Hall _____ at (321) 449-0400 _____
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

<u>Joseph D. McBride Jr.</u> , hereby resigns as
Name of Registered Agent

Registered Agent for _____ <u>E F Smart LLC</u> _____

Name of Limited Liability Company

<u>L04000060310</u>
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

X _____
Signature of Resigning Agent

If signing on behalf of an entity:

_____
Typed or Printed Name

_____
Capacity

FILING FEES:
$ 85.00   Active limited liability company
$ 25.00   Administratively dissolved/ voluntarily dissolved/
            withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)