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PłCK-UP	☐ WAIT	MAIL			
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(Business Entity Name)					
(Document Number)					
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December 22, 2016

CSC MELISSA ZENDER

SUBJECT: ROB-SMC, LLC Ref. Number: L04000065752 RESUBMIT

Please give original submission date as file date.

We have received your document for ROB-SMC, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is for a Foreign LLC.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 216A00027175

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500						
ACCOUNT NO. : 12000000195						
REFERENCE : 432147 7448543						
AUTHORIZATION: Symbolic man						
COST LIMIT : \$ 25.00						
ORDER DATE: December 20, 2016						
ORDER TIME : 10:38 AM						
ORDER NO. : 432147-005						
CUSTOMER NO: 7448543						
DOMESTIC FILINGS						
NAME: ROB-SMC, LLC						
MAIL. ROB Direy Ede						
XX ARTICLES OF DISSOLUTION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Melissa Zender - EXT#						

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Division of 0	Section Corporations		
ROB-	SMC, LLC		
, , , , , , , , , , , , , , , , , , ,	(Name of Fore	eign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	l for filing.	
Please return all corre	espondence concerning this	matter to the following:	:
Kim Taylor			
	(Name of Person)		
Benderson Dev	elopment Company,	LLC	
· · · · · · · · · · · · · · · · ·	(Firm/Company)		
7978 Cooper C	reek Blvd, Suite 100		
	(Address)		•
University Park	, GL 34201		
	(City/State and Zip Cod	e)	•
For further informati	on concerning this matter, p	lease call:	
Kim Taylor		941 at (360-7259
(N	ame of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is ROB-SMC, LLC				
2.	The Articles of Organization	n were filed on	2004 and assigned		
	document number L0400006	55752			
3.		date cannot be prior to or a his block does not meet	nore than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not l		
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).				
	ROB-SMC, LLC is no longer transacting business in Florida				
			•		
5.	If there are no members, entactivities and affairs:	ter the name and addre	ess of the person appointed to wind up the company's		
		7978 Cooper Creek Boulevard, Suite 100			
University Park, FL 34201		4201			
6. lis	Signature of an authorized pated above to wind up the cor	person or if there are n npany's activities and	no members, the signature of the person appointed and affairs:		
1	HRM	_	David H. Baldauf, Manager		
Signature			Printed Name		

FILING FEE: \$25.00