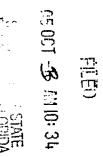
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress).	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		10/2
	Office Lise Or	



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10/03/05--01032--017 \*\*25.00



### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SM L PROPERTY MANAGEMENT LLC. (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KEUIN ROSS (Name of Person)
SML PROPERTY MANAGEMENT LLC (Firm/Company)
8831 SW 92 LANE
Collessia Sales Sa
For further information concerning this matter, please call:
KEUW Ross  at 352 495-7719  (Name of Person)  (Area Code & 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:
CR2E079 (8/05)  \$25 Filing Fee & Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	KAMY VOGEL	hereby resign as . Member (Title)	
	,	(Title)	
of	SML PROPERTY MA	Asserting LLC Liability Company)	,
	(Limited L	Liability Company)	<u> </u>
a limit	ed liability company organized under th	he laws of the State of Florion	0500
and af	firm that the limited liability company h	has been notified in writing of the resignation.	
	Kathy !	Vogel	MII 10: 3
	(Signature of resigning mana	nger, (managing member or member)	£

#### FILING FEE IS \$25.00

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