

# LD6000068817

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(Requestor's Name)

\_\_\_\_\_  
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(City/State/Zip/Phone #)

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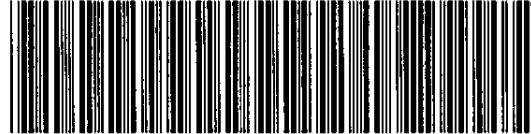
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMART SAVINGS CENTER, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: LO6000068817

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:

WALTER H. MESSICK  
Name of Person

GALVAN MESSICK, LLP  
Name of Firm/Company

1900 CORPORATE BLVD., STE 101 WEST  
Address

BOCA RATON, FL 33431  
City/State and Zip Code

MESSICKW@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALTER H. MESSICK at ( 561 ) 995-8868  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

WALTER H. MESSICK, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for SMART SAVINGS CENTER, LLC

Name of Limited Liability Company

LOG000068817

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.

Walter H. Messick

Signature of Resigning Agent

If signing on behalf of an entity:

WALTER H. MESSICK

Typed or Printed Name

PRESIDENT

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

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