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SECRETARY OF STATE
ALLAHASSEF, FI OBIDA

J. BRYAN

APR - 5 2009

EXAMINER

COVER LETTER

~	tration Section ion of Corporations		
SUBJECT:	Smiling Spaces LLC		
	(Name of	Limited Liability Company)	
The enclosed filing.	member, managing membe	r or manager resignation and fee(s) are submitted for	
Please return	all correspondence concern	ing this matter to:	
Dena La	ne		
	(Contact Person)		
		TALLAHASSEE, FLORID	412/
	(Firm/Company)	HASS	•
1040 Big	Oaks Blvd	E O	<u>!</u>
	(Address)	SEE, FLORI	<u>ڊ</u>
Oviedo, F	L 32765	ROP	-
	(City/State and Zip Code)		
For further in	formation concerning this n	natter, please call:	
Dena La	ne	at (407) 712-4351	
(Na	ame of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed plea	ase find a check made payab \$25 Filing Fee	ole to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
	DURIER ADDRESS:	MAILING ADDRESS:	
Registration Signature Division of C		Registration Section	
Clifton Build	•	Division of Corporations P.O. Box 6327	
2661 Executi	ve Center Circle Florida 32301	Tallahassee, Florida 32314	

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 as niling Spaces LLC	it appears on the records of	the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu 	ment/registration number of	this limited liability compa-	ny is:
•	eame of Person Resigning) bility company and affirm the	, hereby resign as a M	(Print Title)
resignation in wri	ting.	Sau	·
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager	10 APR -2 PP SECRETARY OF TALLAHASSEE.