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2010 SEP 21 PH 12: 4.7
SECRETARY OF STATE.

COVER LETTER

Division of Corporations	
SUBJECT: Scuderia Smith, LLC (Name of Limited Liability Control of Liabilit	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	o:
Cody Smith	
(Contact Person)	
Scuderia Smith, LLC	SECTIFALLA
(Firm/Company)	
2611 Technology Drive	2010 SEP 21 PM 12: 4,7 SEGRETARY OF STATE ALLAHASSEE. FLORID,
(Address)	PH 2: COF STAI E. FLORI
Orlando, FL 32804	2: 4.7 TATE ORIDA
(City/State and Zip Code)	
For further information concerning this matter, please ca	II:
Cody Smith at (407	, 284-4321
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2010

CODY J. SMITH 2611 TECHNOLOGY DR. ORLANDO, FL 32804

SUBJECT: SCUDERIA SMITH, LLC

Ref. Number: L09000027010

2010 SEP 21 PM R2: 43

We have received your document for SCUDERIA SMITH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 510A00021163



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 it a deria Smith, LLC	ppears on the records of the Flo	- 22 - 23 - ·	i
2. This limited liab Florida	lity company was organized un	der the laws of: 	OSEP 21 PM	ī
3. The Florida docu L09000027	ment/registration number of thi	s limited liability company is:	PHE: 47 OF STATE OF LORIDA	
4, I, Timothy Si	nith	_, hereby resign as a Manag	jer	
/	ame of Person Resigning)	(P)	rint Title)	
of this limited liab resignation in wri	oility company and affirm the ling. A Sm H	mited liability company has bee	n notified of my	
Signature of Resi	gning Member, Managing Mem	ber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			