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EXAMMER



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	e limited liability company a SMARTLINK PRODU	is it appears on the re	cords of the F LLC	Florida Department
	pility company was organize	ed under the laws of:		
3. The Florida doc L0900006	ument/registration number o	of this limited liability	y company is	:
(Print)	O ALMEIDA SUARE Name of Person Resigning)		(.	(Print Title)
of this limited lia resignation in w	bility company and affirm the	he limited liability co	mpany has be	een notified of my
Signature of Res	igning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	.* ·		SECRETALLAHAS