

5/9/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DENNIS IGLAY
Account Number : I20070000077
Phone : (386)761-2360
Fax Number : (321)445-4725

16 MAY 10 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LLC DISSOLUTION OR WITHDRAWAL
SML MARKETING, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	4
Estimated Charge	\$30.00

RECEIVED

2016 MAY 10 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2016

J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SML Marketing LLC**

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Yost

(Name of Person)

SML Marketing LLC

(Firm/Company)

585 N Halifax Drive

(Address)

Ormond Beach FL 32176

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Yost

(Name of Person)

386

265-4975

at

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SML Marketing LLCDocument number of Limited Liability Company is: L09000072765Date of dissolution was: May 9, 2016

Description of information that must be included in a written claim:

The name of the claiming company, the nature of the claim,the date of the claim, a copy of the original claim, all informationpertinant to the claim, and the procedures necessary to payclaim. Also include any additional information that may assist inproper procedures to recognize claim and contact the claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

585 N Halifax DriveOrmond Beach FL 32176SECRETARY OF STATE
ALLAHASSFF, FLORIDA

16 MAY 10 AM 9:24

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Susan Yost

Printed Name of the Person Filing

Susan Yost

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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