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SERRETARY OF STATE

IN SEP 24 PM 3: U

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Divis	ion of Corporations	
SURJECT:	KSMM LLC	
	(Name of	Limited Liability Company)
The enclosed filing.	I member, managing membe	r or manager resignation and fee(s) are submitted fo
Please return	all correspondence concern	ing this matter to:
Robert F.	. Hoogland	
	(Contact Person)	
Robert F.	Hoogland, P.A.	
	(Firm/Company)	
P.O. Box	160021	
	(Address)	
Altamont	e Springs, FL 32716	-0021
	(City/State and Zip Code)	
For further in	nformation concerning this i	natter, please call:
Robert F.	. Hoogland	at (407) 862-4909
(N	lame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple		ble to the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
	-	Certified Copy
	OURIER ADDRESS:	MAILING ADDRESS:
Registration		Registration Section
	Corporations	Division of Corporations
Clifton Build	•	P.O. Box 6327
	ive Center Circle	Tallahassee, Florida 32314
Lallahassee.	Florida 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	he limited liability company as SMM LLC	it appears on the records of the	he Florida Department
2. This limited l Florida	iability company was organized	under the laws of:	
3. The Florida d L100000	ocument/registration number of	this limited liability compan	y is:
_{4. I,} Maria Si	mmons	, hereby resign as a MC	3RM
	nt Name of Person Resigning)	,,g <u></u>	(Print Title)
of this limited resignation in	liability company and affirm th writing.	e limited liability company h	as been notified of my
· ·	tesigning Member, Managing M	1ember or Manager	د ت
Filing Fee:	\$25.00 (Required)		<u> </u>

Certified Copy:

\$30.00 (Optional)