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(Re	equestor's Name)	
(Ad	ddress)	
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SLOREIARY OF STATE

B. BOSTICK

JAN - 8 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Counting Smart L	LC.	pany)	
The enclosed member, managing member or filing.	manager resig	nation and fee(s) are submit	ted for
Please return all correspondence concerning t	his matter to:		
Katerine Martinez			
(Contact Person)		-	
Counting Smart LLC.			
(Firm/Company)		-	
1493 SW 46 AVE		.	٠ .
. (Address)		- r r	25 - C
Ft Lauderdale Fl 33317		2	13 JAN - 7 PH 4: 38
(City/State and Zip Code)		-	SEE P
For further information concerning this matte	er, please call:		FLO #
Katerine Martinez	_{a1} 954	6189446	38 RIDA
(Name of Contact Person)	(Area Code	& Daytime Telephone Number	er)
Enclosed please find a check made payable to		Department of State for: 1555 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section	•	Registration Section	
Division of Corporations	•	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle		Tallahassee, Florida 32314	
Tallahassee, Florida 32301	•	ramanassee, i fortaa 52514	

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 unting Smart LLC.	it appears on the records of the	ne Florida Department	
2. This limited liab	ility company was organized	i under the laws of:		
3. The Florida docu L100000539	_	f this limited liability company	y is:	
4. I, Magalys Pe	PFEZ ame of Person Resigning)	, hereby resign as a MG	SRM (Print Title)	
of this limited lial resignation in wri	* *	e limited liability company ha	is been notified of my	
Signature of Resi	gning Member, Managing N	Member or Manager	13 JAN -7 SEUREIAR TALLAHASSI	7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		7 PM 4: SEE. FLO	L C