

L10000128442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

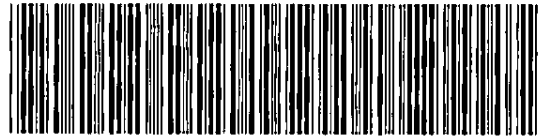
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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10/31/17--01002--005 **25.00

17 OCT 30 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 OCT 31 AM 7:45

FILED



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SMART RENTAL PROPERTIES IV, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BAN

10/30

PM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Capital Connection, INC, hereby resigns as
Name of Registered Agent

Registered Agent for Smart RENTAL Properties IV, LLC

Name of Limited Liability Company

L10000128442

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Barbara Neeky
Signature of Resigning Agent

If signing on behalf of an entity:

BARBARA Neeky
Typed or Printed Name
Client Rep.
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

~~\$ 85.00~~

Active limited liability company

~~\$ 25.00~~

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314