

L1100007103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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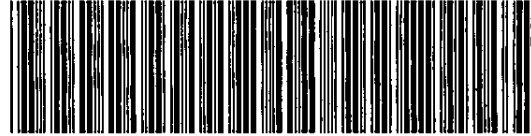
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

SUBJECT: SMART THERAPY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 211000017103

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHAMILE ROSA
Name of Person

SMART THERAPY LLC
Name of Firm/Company

5190 NW 167th ST SUITE 117
Address

HIALEAH, FL 33014
City/State and Zip Code

SMART THERAPY LLC @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAMILE ROSA at (305) 517-3047
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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

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TALLAHASSEE, FL 32301

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: SMARTHERAPY LLC

2. The Florida document/registration number assigned to this limited liability company is:

L11000017103

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

4. I, MARIA CECILIA MAURICIO, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA