

L11000017103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

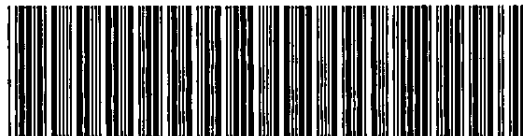
(Business Entity Name)

(Document Number)

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2016 FEB 25 P 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 26 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART THERAPY LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CHAMILE ROSA
(Contact Person)

SMART THERAPY LLC
(Firm/Company)

5190 NW 167th ST SUITE 117
(Address)

HALEAH, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

CHAMILE ROSA at (305) 517-3041
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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STATE
TALLAHASSEE, FLORIDA

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

MARIA CECILIA MAURICIO, hereby resigns as
Name of Registered Agent

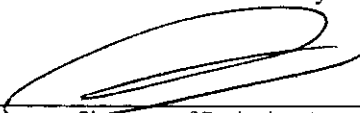
Registered Agent for SMART THERAPY LLC

Name of Limited Liability Company

L11000017103
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.



Signature of Resigning Agent

If signing on behalf of an entity:

MARIA CECILIA MAURICIO
Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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