## 11100087006

| (Requestor's Name)                      |                   |           |  |  |  |  |
|---|-------------------|-----------|--|--|--|--|
| (Address)                               |                   |           |  |  |  |  |
| (Address)                               |                   |           |  |  |  |  |
| (City                                   | y/State/Zip/Phone | e #)      |  |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |  |  |
| (Bu                                     | siness Entity Nan | ne)       |  |  |  |  |
| (Document Number)                       |                   |           |  |  |  |  |
| Certified Copies                        | Certificates      | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |  |  |
|   |                   |           |  |  |  |  |
|   |                   |           |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE A

D. BRUCE WAY 02 2017

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

## SMART DISTRIBUTION SERVICES LLC.

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## AIDA LIDIA LOPEZ

(Name of Person)

### SMART DISTRIBUTION SERVICES LLC.

(Firm/Company)

## 20017 NE 6TH COURT CIRCLE

(Address)

## NORTH MIAMI, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

## AIDA LIDIA LOPEZ

(Name of Person)

786 267-0195

(Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

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

#### STREET/COURIER ADDRESS:

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

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#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| l,   | SMART DISTRIBUTION SER  | · · · · · · · · · · · · · · · · · · ·   |  |                               |  |  |  |
|--|---|---|--|-------------------------------|--|--|--|
| 2.   | The Articles of Organization  | were filed on 04/26/201   | 7  | _ and assigned                |  |  |  |
|  | document number L11000087   | 006   | <del>-</del>                               |                               |  |  |  |
| 3.   | Note: If the date inserted in th  | he delayed effective date the dissolution if not effective on the date of filing: 04/26/2017  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be isted as the document's effective date on the Department of State's records. |  |                               |  |  |  |
| 4.   | A description of occurrence t<br>605.0707, Florida Statutes, (c                               | hat resulted in the limite opy 605.0707 on back c   | ed liability company's di<br>over letter). | ssolution pursuant to section |  |  |  |
| In accordance to the agreement signed on April 26, 2017, in the Offices of Jurado and Frashchian Attor |   |   |  |                               |  |  |  |
|  | Law, the Member Managers of S signed the Separation and Disole Lopez will be the closing Memb | ution of the Limited Liabil   | ity Company referred abov                  | e. Member Manager Aida        |  |  |  |
| 5.   | If there are no members, ente   | r the name and address  | of the person appointed                    | to wind up the company's      |  |  |  |
|  | activities and affairs:   | n/a   |  | m Q m                         |  |  |  |
|  |   |   |  | FLORI                         |  |  |  |
|  |   |   |  | ) A                           |  |  |  |
| 6.<br>lis  | Signature of an authorized pe<br>sted above to wind up the com                                | erson or if there are no n<br>pany's activities and aff   | nembers, the signature of                  | the person appointed and      |  |  |  |
| ·  | Alioper   |   | AIDA LIDIA LOPEZ                           | Nome                          |  |  |  |
|  | isignature  |   | rmited                                     | INAME                         |  |  |  |

FILING FEE: \$25.00