111000095

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL MAIL
. (Bu	isiness Entity Nan	ne)
(Do	ocument Number)	s 10 mm
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· ·

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D. BRUCE SEP 20 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: A Smooth Move Moving & (Name of Limited Liability Co	Storage, ((C.			
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submi	itted fo	r	
Please return all correspondence concerning this matter to):			
Justin Brown (Contact Person)	_			
A Smooth Move Moving & Sterage (Firm/Company)	LCC.	SE!	12	
6220 Repaz Court (Address)	_	ECRETARY OF STATE LLAHASSEE, FLORIDA	12 SEP 19 PH 1:44	***
(Address)		SSEE	-9 -9	ייור גיני הורגיני
Fort Myers, FL 33966 (City/State and Zip Code)		(S)		****
(City/State and Zip Code)		RIO;	44	
For further information concerning this matter, please call	l:	, R		
Tuskin Brown at (339 (Area Cod	<u> 873-1196</u> le & Daytime Telephone Numb	er)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee Florida 32314	l		

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lim	nited liability company	as it appears on t	the records of the Flo	orida Departn	nent	
of State is:A	Smooth Move	Moving	4 Storage	<u></u>	 ·	
•	y company was organiz		rs of:	SECRETARY OF STALLAHASSEE, FL	12 SEP 19	FILED
3. The Florida docume	ent/registration number	of this limited li	ability company is:	me.	F	Ü
<u> </u>	0 12639	···················•		STATE FLORIDA		
4. I, <u>Vicholas</u> (Print Name	Spraldin e of Person Resigning)	, hereby i	resign as a <u>. Mഹആന</u> (Pi	nt Title)	<u>-</u>	
of this limited liabili resignation in writin	ity company and affirm	the limited liabi	lity company has bee	n notified of	my	
Michalas Signature of Resign	palein ing Member, Managing	3 Member or Ma	nager			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)					