

L 1200 00 84326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

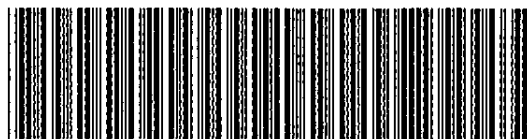
(Business Entity Name)

(Document Number)

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13 SEP -5 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP -6 2013  
T. HAMPTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SMD II, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000084326

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:

April I. Halle

Name of Person

The Halle Law Firm, P.A.

Name of Firm/Company

3101 North Federal Highway, Suite 401

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

sibb2@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April I. Halle

Name of Person

at ( 954 ) 537-0466

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**The Halle Law Firm, P.A.**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **SMD II, LLC**

**SMD II, LLC**

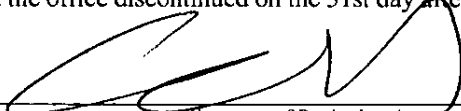
\_\_\_\_\_  
Name of Limited Liability Company

**L12000084326**

\_\_\_\_\_  
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:

**April I. Halle**

\_\_\_\_\_  
Typed or Printed Name

**President**

\_\_\_\_\_  
Capacity

**FILED**  
**13 SEP -5 AM 11:24**  
**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**