#130000333388

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
•	,	
(Cia	JOhana IZim IDhama	-40
(City	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
•	·	•
/Dos	cument Number)	
(1001)	zament Namber)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	J	

Office Use Only



600257894416

03/24/14--01046--016 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORID'S

TIL TIL

K. SALY EXAMINER MAR 28 2014

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Smart Mileage Technologies lle			
(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:			
Christople Smart			
5mert Mileage Vechrologies //e			
676 Cresta C.			
West Pala Beach, FC 33413 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Christopher Smart at (561) 516-2232 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (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: STREET/COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	riled
1. The name of a limited liability company is	2016 440
Smart Milcage	Technologics 2014 MAR 24 PM 1:39
,	7-4-2013 FALL AHARY OF STATE and assigned SEE, FLORIDY
document number <u>L130060333</u>	
3. The delayed effective date the dissolution if not effective date cannot be prior to or n	fective on the date of filing:
	nited liability company's dissolution pursuant to section k cover letter).
Never opened bus	siness
•	
	· .
5. If there are no members, enter the name and addre	
activities and affairs: (hr. 5 to	Oler Smert
676 C	resta Cir
	11 7 1 1 2211
West	Palm Beach, F1 33413
	·
6. Signature of an authorized person or if there are nelisted above to wind up the company's activities and	o members, the signature of the person appointed and affairs:
	2.
	Christople Snach
Signature	Printed Name

FILING FEE: \$25.00