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TALLAHASSEE, FLORIDA
14 MAY -2 PM 2:30

LLC RA Resign

MAY 15 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMA LOGISTICS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000142286

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:

CAROLINE G. LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING

Name of Firm/Company

8615 COMMODITY CIR STE 06

Address

ORLANDO, FL 32819

City/State and Zip Code

carol@larsonacc.com

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

For further information concerning this matter, please call:

CAROLINE G. LARSON at (407) 3703686
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

LARSON ACCOUNTING & CONSULTING SERVICES LLC, hereby resigns as

Name of Registered Agent

Registered Agent for SMA LOGISTICS, LLC

Name of Limited Liability Company

L13000142286

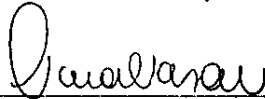
Document Number, if known

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Typed or Printed Name

Capacity

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