L14 000 44392

(Paguantada Nama)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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S. YOUNG

BZO DEC 21 PM 1: 14



COVER LETTER

TO: Registration Section	•
Division of Corporations	
SUBJECT: HEAD SMART (Name of Limited	110
(Name of Limited	Liaolity Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
ROSCRT SIGANGI.	
(Contact Person)	
HEAD PUART LLC (Firm/Company)	
(Firm/Company)	
6046 PANDEA DR	
(Address)	
WEEKI WACH EE (City/State and Zip Code)	FL 34607
For further information concerning this matter, p	please call:
(Name of Contact Person)	(352) 597-5600
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	
	coo i ming ree at contined copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	s it appears on the records	of the Florida De	partment
	HEAD SMART LL		_	(*
	iment/registration number as	ssigned to this limited liab	oility company is:	
3. The date this men 4. I, Roke RT (Print No.	mber/manager withdrew/res	igned or will withdraw/re	sign is: 13/3/ esign as a	<u> 202</u> 0
MNG. M				
/	ility company and affirm the ling. Cagange	e limited liability compan	y has been notific	d of my
Signature of Dis	socialing Member or Resign	ning Manager	128 DEC 21) V 1
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			