

U4000050623

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Smith Franchise Services, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L14000050623

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emily Al-Jadaan

Name of Contact Person

Smith Franchise Services, LLC

Firm/Company

54 Riley Road

Address

Celebration, FL 34747

City/State and Zip Code

celebration.tsc@gmail.com

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

For further information concerning this matter, please call:

Emily Al-Jadaan

407 346-5268

at ( )

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

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