LIUCCOUGA35

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
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JUN 1 0 2014

R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: "B-SMART" Smartphone (Name of Limited L	Boutique Prepairs LL iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Katarina Umicevik (Contact Person)	
(Firm/Company)	
7917 West Dr #26 (Address)	· <u> </u>
North Bay Village, Pl 33 (City/State and Zip Code)	3141
For further information concerning this matter, pl	ease call:
Katarina Unicevik at ((Name of Contact Person)	239 304-6700 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

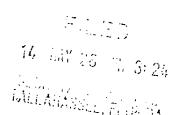
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301





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 it appears on the records of the Florida Department				
of State is: "B-SNIART" Smartphone Boutigue & Repairs LLC.				
2. The Florida document/registration number assigned to this limited liability company is:				
L14000064235				
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/20/2014 4. I, KATARINA UNICEVIK, hereby withdraw/resign as a				
(Print Name of Person Resigning)				
MEMBER (Print Title)				
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.				
Mufasaries				
Signature of Dissociating Member or Resigning Manager				
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)				