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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: B-SMART Smartphone Boutigue & Repairs LLC Name of Limited Liability Company DOCUMENT NUMBER: L14000064235
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:
Katarina Umicevik Name of Person
Name of Firm/Company
7917 West Drive #26
North Bay Village, FC 3314/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katarina Umicevik at (939) 304-6700 Name of Person at (939) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 STREET ADDRESS: Registration Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011	5, Florida Statutes	, the undersigned,	
Kataru	na Umi	cevir	, hereby resi	gns as
7	lame of Registered Age	ent	,	
Registered Agent for	"B-SMA	RT 8mo	utphone	
Bou	Hique 2	f Repair	rs LLC	
	Name of Lin	nited Liability Compar	ny	
L14000064 Document Num	1235 ber, if known			
A copy of this resignation	was mailed to the	above listed limited	d liability company at	its last known address.
The agency is terminated	and the office disco	ontinued on the 31s	st day after the date on	which this statement is filed.
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		Sighature of Resign	ing Agent	
If signing on behalf of an entity:				
Typed or Printed Name				
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Capacity				
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	\$ 85.00 \$ 25.00	Active limited I Administrativel withdrawn limi	iability company y dissolved/ voluntari ited liability company	ily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314