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COVER LETTER

Division of Corporations				
SUBJECT: I-SMART360, LLC.				
(Name of Limit	ed Liability C	ompany)		
The enclosed member, resignation or dissocia	tion and fee	(s) are submitted fo	r filing.	
Please return all correspondence concerning the	his matter to):		
Aiskel Rosas				
(Contact Person)				
I-SMART360, LLC.				
(Firm/Company)				
134 Sunny Oak Trail			4	
(Address)			2015 SEC FALL	
Kissimmee, FL. 34746			NOV AHAS	
(City/State and Zip Code)			T SSS	
For further information concerning this matte	r, please cal	1:	1015 NOV 17 P 12: 36 SECREFARY OF STATE ALLAHASSEE, FLORIDA	
Aiskel Rosas	305	407-9144	REDA	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of Stating Fee & Certified		
STREET/COURIER ADDRESS:		MAILING ADI		
Registration Section Division of Corporations		Registration Section		
Clifton Building		Division of Corporations P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		

CR2E079 (2/14)

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)

		y as it appears on the records of the	Florida Department
of State is: I-SM	IART360, LLC.		·
2. The Florida docu L1400015102	_	er assigned to this limited liability co	ompany is:
3. The date this me	mber/manager withdrew/	/resigned or will withdraw/resign is	:
Héctor Alcalá , hereby withdraw/resign as a (Print Name of Person Resigning)			
(Print N	ame of Person Resigning)		
СТО			77
	(Print Title)	•	2015 SECI
of this limited lia resignation in wr	bility company and affirm	n the limited liability company has	been notified of my
	and)		T CR
Signature of Di	ssociating Member or Re	esigning Manager	WIDA
_	\$25.00 (Required) \$30.00 (Optional)		
continua copy.	ψουνο (Optional)		