

L14000181380

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA  
15 MAY 18 PM 3:59

MAY 21 2015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMT SERV LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Simone Gama  
(Contact Person)

SMT SERV LLC  
(Firm/Company)

9346 Stephen St  
(Address)

ORLANDO, FL 32825  
(City/State and Zip Code)

For further information concerning this matter, please call:

Simone Gama at (407) 595-2088  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 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 it appears on the records of the Florida Department of State is: SMS SERV LLC

2. The Florida document/registration number assigned to this limited liability company is:

L 14000181380 / FEIN 47-2397800

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 14 2015

4. I, Jose' BAltorno, 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.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

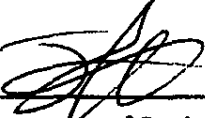
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## Resignation of Member from a Limited Liability Company (LLC)

1. The name of the limited liability company as it appears on the records: **SMJ SERV LLC**
2. This limited liability company was organized under the laws of: **Orange County**
3. The registration number of this limited liability company is:

**L14000181380/ FEIN/EIN 47-2397800**

4. I, **JOSE BALTODONO**, (*Print Name of Person Resigning*) hereby resign as an **OWNER/PARTNER** (*Print Title*) of this limited liability company and will not receive a buyout of any amount or consideration of any kind and do hereby swear that the above mentioned limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

 *Date* 05/14/2015

Witness #1)  \_\_\_\_\_

Witness #2) \_\_\_\_\_

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