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| Special Instructions to | Filing Officer: | |
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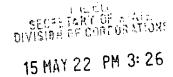
TO:

CR2E079 (2/14)

Registration Section

| Divisi | ion of Corporations | | |
|--|--------------------------------|---|------------------------------|
| SUBJECT: | Smiley Cup LLC | | |
| 202020 | (Name of Lin | nited Liability Con | mpany) |
| The enclosed | member, resignation or dissoc | iation and fee(: | s) are submitted for filing. |
| Please return | all correspondence concerning | this matter to: | |
| Francesco F | Patrinicola | | |
| | (Contact Person) | | _ |
| Smiley Cup | LLC | | |
| - | (Firm/Company) | | _ |
| 86003 ever | green pl | | |
| | (Address) | | _ |
| Yulee, FI 32 | 097 | | |
| | (City/State and Zip Code) | | - |
| For further in | formation concerning this matt | er, please call: | |
| Francesco F | Patrinicola | 386 | 334-7091 |
| (Na | ame of Contact Person) | | & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \\$25 \text{ Filing Fee & Certified Copy}\$ | | | |
| STREET/CO | OURIER ADDRESS: | | MAILING ADDRESS: |
| Registration S | | | Registration Section |
| Division of Corporations Clifton Building | | Division of Corporations P.O. Box 6327 | |
| | ve Center Circle | | Tallahassee, Florida 32314 |
| | 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)

| | limited liability company as it appears on the records of the Florida Department ey Cup LLC |
|--|--|
| | ument/registration number assigned to this limited liability company is: |
| L1500003213 | 2 |
| 3. The date this mo | ember/manager withdrew/resigned or will withdraw/resign is: May, 14th, 201: |
| 4. I, Lourdes D. F | Rivera hereby withdraw/resign as a |
| (Print N | , hereby withdraw/resign as a lame of Person Resigning) |
| Member | |
| | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| (o | udes Devid |
| Signature of D | issociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| _ | \$30.00 (Nequired) \$30.00 (Optional) |