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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G. SmithShand Management (Name of Limited Liability Company)	26
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Greg Smith (Contact Person)	
(Firm/Company)	SECRET SECRET
11809 Chanticloer Dr	200 m
Pensacolo, FL, 32507 (City/State and Zip Code)	M D TO
For further information concerning this matter, please call:	
(Name of Contact Person) at (850) 293255 (Area Code & Daytime Telephone Num	nber)
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

CR2E079 (2/14)

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 l	imited liability company	as it appear	s on the records o	of the Florida Dep	artme	ent
of State is: 6	. Smith's	land	mana	gement		_ .
,	ment/registration number		this limited liabi	ility company is:		
L 150	00130954	·				
3. The date this men	nber/manager withdrew/r	esigned or v	will withdraw/res	ign is: 8/3/	15	- -
4. 1, VOILC	IL MIM ume of Person Resigning)	, her	reby withdraw/res	sign as a		
- May	100elC Print Tille)					
of this limited liab resignation in writ	ility company and affirm ing.	the limited	liability company	y has been notifie	d of m	ıy
Valei	Inil			TALI	ज	
Signature of Dis	sociating Member or Res	igning Man	ager	AHA.	DEC	-T)
Filing Fee:	\$25.00 (Required)			85 G		=
Certified Copy:	\$30.00 (Optional)			T.ONDE	≅ ₽	U