

LIS000165290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

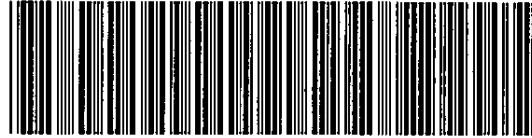
(Business Entity Name)

(Document Number)

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2016 SEP 26 AM 11:04
TALLAHASSEE, FLORIDA

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16 SEP 26 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

SEP 29 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMARTREPAIR LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRU FARCAS

Name of Person

SMARTREPAIR LLC

Firm/Company

8855 OKEECHOBEE BLVD APT 205

Address

WEST PALM BEACH / FL 33411

City/State and Zip Code

SMARTREPAIRLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRU FARCAS

Name of Person

at (561) 319 0306

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: ISMARTREPAIR LLC

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

L15000165250

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/01/2016

4. I, GABRIEL FARCAS, 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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TALLAHASSEE, FLORIDA