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| (Red | questor's Name) | | |
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| (City | //State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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MAR 25 2016 S. YOUNG

COVER LETTER

Registration Section

TO:

CR2E079 (2/14)

Division of Corporations Smappy Enterprises LLC **SUBJECT:** (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: Regina Mason (Contact Person) **Smappy Enterprises LLC** (Firm/Company) 4507 Deauvile Way (Address) Pensacola FL 32505 (City/State and Zip Code) For further information concerning this matter, please call: Regina Mason (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 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)

| | limited liability company as appy Enterprises LLC | it appears on the records of the Florida Department |
|---|---|---|
| | | • |
| 2. The Florida docs L1600000828 | • | ssigned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/res | igned or will withdraw/resign is: |
| 4. I, Nathaniel Phillips (Print Name of Person Resigning) | | |
| (Print N | lame of Person Resigning) | |
| Manager | | |
| | (Print Title) | |
| of this limited lia resignation in wr | | e limited liability company has been notified of my |
| Signature of D | issociating Member or Resig | ning Manager |
| Filing Fee: | \$25.00 (Required) | |
| | \$30.00 (Optional) | |