

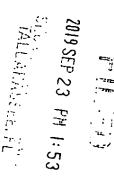
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COVER LETTER

TO: Registration Section Division of Corporations

SmartCart Electric Vehicles LLC	
SUBJECT: Name of Limited Liability L17000045932	Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Name of Person	
Exodus Holdings Group LLC	
Name of Firm/Company	
1010 Park Ct., G Unit	
Address	
Safety Harbor, FL 34695	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (at () Daytime Telephone Number
Name of retson Area Code	Daytine Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	Florida Statutes, the unc	dersigned.	
Clearwater Busine	ss Law LLC		, hereby resigns as	
	Name of Registered Ager	nt		
Registered Agent for _	SmartCart Electric	Vehicles LLC		
1	Name of Lim	nited Liability Company		·
		······································		
L1700045932				
Document N	umber, if known			
A copy of this resignati	on was mailed to the a	above listed limited liabilit	y company at its last kno	own address.
The agency is terminate	ed and the office disco	ntinued on the 31st day af	ter the date on which this	s statement is filed
		Signature & Resigning Agent	1	
If signing on behalf of a	ın entity:			
	Andrew J. Mong	elluzzi		
	MGR	yped or Printed Name		2019
		Capacity	TALLAFAESE	∯- % 2019 SEP 23 PH
			7.2	23
	FILING	vere.		P
	\$ 85.00 \$ 25.00	Active limited liability Administratively dissol withdrawn limited liab	company 2 ved/voluntarily dissolved	d/53

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314