Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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5

LLC REGISTERED AGENT RESIGNATION SMASS TECHNOLOGIES LLC

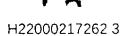
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K. Brumbley



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115.	Florida Statutes, the u	indersigned,		
REGISTERED AGENTS INC			, hereby resigns as		
Nan	ne of Registered Agent				
Registered Agent for	·				
SMASS TECHNOLOGIES LI	LC				
	Name of Limit	ed Liability Company			
Document Number	iftnown				
rajeument stumber	, II KIIOWII				
A copy of this resignation wa	as mailed to the ab	ove listed limited liabi	ility company at its last	known address.	
The agency is terminated and	d the office discon	tinued on the 31st day	after the date on which	this statement is filed.	
The agency is terrimaneed and	. The office discon				
	lor	-alov	e~_		
		Signature of Resigning Ag	ent		
If signing on behalf of an ent	tity:				
	n Glover			202,	
Typed or Printed Name				F. 2022 JUN -	
Ass	sistant Secretary				
Capacity			一 三套		
				3 ⊝ _C ∑	
	<u>FILING F</u> \$ 85.00	EES: Active limited liabilit	ty company	59	
	\$ 25.00	Administratively diss	solved/ voluntarily diss	olved/	
		withdrawn limited li	aomiy company		

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