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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

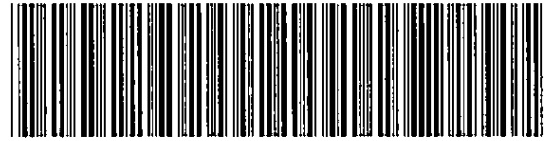
(Business Entity Name)

(Document Number)

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2019 AUG 19 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SULKER

AUG 26 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMART-TEK-SYSTEMS  
(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:

Mike Wade  
(Contact Person)

SMART-TEK-SYSTEMS  
(Firm/Company)

1832 Doric Drive  
(Address)

Tallahassee, FL, 32311  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Wade at ( 850 ) 841-0691  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

**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 limited liability company as it appears on the records of the Florida Department

of State is: SMART-TEK-SYSTEMS

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

L18000168501

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/13/2019

4. I, Cole Sousa, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified my  
resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

2019 AUG 19 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)