

L18 000 174 776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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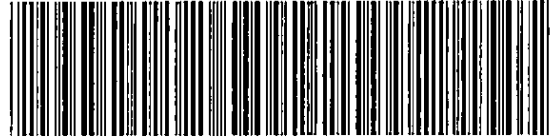
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART FINANCE SOLUTIONS 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:

ALDO CIVETTA
Name of Person

SMART FINANCE SOLUTIONS LLC
Firm/Company

21011 JOHNSON ST UNIT 110
Address

PEMBROKE PINES FL33027
City/State and Zip Code

acivetta@smartfis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aldo Civetta at (786) 585-1573
Name of Person Area Code & Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy