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## **COVER LETTER**

Division of Corporations	
SUBJECT: Smith and Mitco.  (Name of Limited Liability Co.)	hest, LC.
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	;
Jeffery Smifhi (Contact Person)	
Smith and mitchell, LCC (Firm/Company)	<del></del>
1.0.50x 341 (Address)	_
1405e 500 nd, F1. 33, 455 (City/State and Zip Code)	<u></u>
For further information concerning this matter, please call	:
(Name of Contact Person) at (272) (Area Coo	) 367-1736 de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$\Bigsilon\$ \$25 Filing Fee  \$\Bigsilon\$ \$55 Filing	Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

**TO:** Registration Section



## 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 th	ne Florida Departmer	nt
of State is:	Florida			
2. The Florida doce	ument/registration number	r assigned to this limited liability	company is: 2020 SEP	
3. The date this me	mber/manager withdrew/r	resigned or will withdraw/resign	is: 9=16200	20
		, hereby withdraw/resign	as a 12 PR 2:	
Mana	(Print Title)	<u>-</u> -	<u> </u>	
of this limited lia resignation in wr	• •	the limited liability company ha	s been notified of m	y
Ugeni	a Makhey	./		
Signature of D	issociating Member or Res	signing Manager		
	\$25.00 (Required)			
Certifica Copy:	\$30.00 (Optional)			