1190000 41351

(1	Requestor's Name)
(,	Address)
(,	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(1	Business Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
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R. WHITE APR 1 3 2019





COVER LETTER .

Registration Section Division of Corporations

TO:

SUBJECT: SMITH AND SMITH SERVICES LLC (Name of Limited Liability Company)
(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:
A-LISON MODRE SMITH (Contact Person)
SMITH AND SMITH SERVICES LLC (Firm/Company)
3001 NORTHLAND RD, #3 (Address)
Mount Dona FL 32757 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

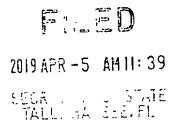
CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301





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 lin	nited liability company as it appears on the records of the Florida Department
of State is: 5m	ITH AND SMITH SERVICES (LC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L19000	<u>041351</u>
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 2-12-19
4. I. WALTER	he of Person Resigning), hereby withdraw/resign as a
MEMBER (Pr	In Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my ng.
Was	tter F. Smith
Signature of Diss	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)