## L19000089120

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO: Registration Section	And .
Division of Corporations	
SUBJECT: BIN SMART FLOR?  (Name of Limited Liability Com	DA LLC
(Name of Entitled Enterthy Con-	,pa,
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
(Contact Person)	
(Contact Person)	
BIN SMART FLORIDA LLC (Firm/Company)	
(· ·····• co	
4922 VAN BUZEN ST.	
(Hadross)	
Hollywood, FL 33021 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
RAJ J. HEPPERA at (305 (Name of Contact Person) (Area Code	800 - 2467 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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 a	as it appears on the r	ecords of the Florida	ı Denai	rtment
	DAN SMART FL			- F	·
	ument/registration number			/ is:	
4. I, ROSA (Print A	mber/manager withdrew/re M. VANEJOS  Vame of Person Resigning)  (Print Title)	esigned or will withd	raw/resign is: <u>09</u> / Iraw/resign as a	<u>'01/2</u>	<u>2020</u>
resignation in wr	bility company and affirm the iting.  1. Usley  ssociating Member or Resignations		ompany has been no	tified o	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		,···	2020 OCT -5	
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