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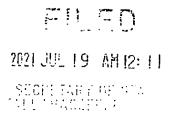
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COVER LETTER

TO: R	egistration Section				
D	vivision of Corporations				
SUBJEC	SMARTER PROCESSING LLC	SMARTER PROCESSING LLC			
		Limited Liability Co	ompany)		
The enclo	osed member, resignation or diss	ociation and fee	(s) are submitted for filing.		
Please ret	turn all correspondence concerni	ing this matter to	:		
НОМАУС	DUN RANJIJIFROODY				
	(Contact Person)		_		
SMARTE	R PROCESSING LLC				
	(Firm/Company)		_		
20200 W I	DIXIE HWY SUITE 1208				
··	(Address)				
міамі, F	1. 33180				
·	(City/State and Zip Code)	<u>-</u> -	_		
For further	er information concerning this m	natter, please call	:		
ПОМАУС	DUN RANJIJIFROODY	786 at (901-0139		
	(Name of Contact Person)		e & Daytime Telephone Number)		
Enclosed □ \$25 Fi	please find a check made payab lling Fee		Department of State for: ng Fee & Certified Copy		
Re D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		





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)

	Elimited liability company as it appears on the records of the Florida Department RTER PROCESSING LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
FRICK GITTERS	NANDEZ-GOMEZ hereby withdraw/resign as a fame of Person Resigning)
MANAGER (MC	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)