

L19000167125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

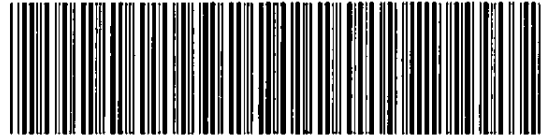
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Smart-Eddy LLC

(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:

D. Keith Kilpatrick, Esquire

(Contact Person)

Kilpatrick & Newlin, P.A.

(Firm/Company)

9218 Navarre Parkway

(Address)

Navarre, Florida 32566

(City/State and Zip Code)

For further information concerning this matter, please call:

Shari Thicman-Greene, Esq.

(Name of Contact Person)

at ( 850 )

939-0499

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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




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 the Florida Department of State is: Smart-Eddy LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L19000167125
3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 15, 2022
4. I, Carolyn C. Smart, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member/Manager/Authorized Representative  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA

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