449000181844

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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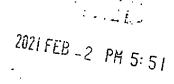


O SIMMONS MAR 1 6 2021

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	SMARTER GROUP LLC		
	(Name of Lin	nited Liability Co	ompany)
The enclosed	d member, resignation or dissoc	iation and fee((s) are submitted for filing.
Please return	all correspondence concerning	this matter to	:
CARLOS E. B	URGOS G.		
	(Contact Person)		_
BURGOS LAV	W GROUP LLC		
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	-	_
48 WALL STR	REET, SUITE 1100		
<u> </u>	(Address)	-18*	_
NEW YORK, I	NY 10005		
	(City/State and Zip Code)	· · ·	_
For further in	nformation concerning this matt	er, please call	
CARLOS BUR	RGOS	212 at (9184459
(Na	ame of Contact Person)		e & Daytime Telephone Number)
Enclosed plea	ase find a check made payable	to the Florida I	Department of State for:
■ \$25 Filing	g Fee		g Fee & Certified Copy
Regis Divis P.O. I	tration Section ion of Corporations Box 6327 nassee, F1, 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)

	RTER GROUP LLC ment/registration number	assigned to this limited liability company is:
L19000181844	C	
3. The date this me	mber/manager withdrew/i	resigned or will withdraw/resign is:
LEONEL LEON		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
MANAGER		
	(Print Title)	·
of this limited lial resignation in wr		the limited liability company has been notified of my
Lu	ref treef	
Signature of Di	ssociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	