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TO:	_	stration Section			
	DIVIS	sion of Corporations			
SUBJ	ECT:	Smarter Retirement Solutions USA	LLC		
		(Name of Li	mited	Liability Co	empany)
The e	nclosed	I member, resignation or disso	ciatio	on and feet	(s) are submitted for filing.
Please	e return	all correspondence concernin	g this	s matter to	:
John R	lipley				
		(Contact Person)			_
Ripley	Holding	gs LLC			
		(Firm/Company)			_
1065 I	E SR 43-	4 #195612			
		(Address)			_
Winter	Springs	FL 32719			
		(City/State and Zip Code)			
For fu	irther ii	nformation concerning this ma	tter.	please call	:
John R	lipley		at	407	702 8260
	(N	ame of Contact Person)		\ 	e & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable	to th	ne Florida	Department of State for:
	5 Filing	• •			ng Fee & Certified Copy
	Mailir	ng Address:			Street Address:
		stration Section			Registration Section
		ion of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
	Talla	hassee, FL 32314			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 Flo		partment
of State is: SMARTIR RETIREMENT SOLUTIONS USA	LLC	 -
2. The Florida document/registration number assigned to this limited liability com	pany is:	
L19000792116		
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	5/10/	2022
4. I. John F. Riplet , hereby withdraw/resign as a Print Name of Person Resigning). Ripley Howard Lice Metalland (Print Title)		
of this limited liability company and affirm the limited liability company has bee resignation in writing.	n notifie	ed of my
Signature of Dissociating Member or Resigning Manager	3	2022 K&Y
Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)	-	12 PH 2: 0