119000 294960

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
,	,	
(City	/State/Zip/Phone #	‡)
PICK-UP	☐ WAIT	MAIL
/Pus	inoss Entitu Name	<u> </u>
(Bus	iness Entity Name	;)
(Doc	ument Number)	
Certified Copies	Certificates of	of Status
r		1
Special Instructions to F	iling Officer:	

Office Use Only



500339555225

02/03/20--01030--009 **25.00





COVER LETTER

COVER LETTER 7	20 FED - 3 PA 3: 17
TO: Registration Section Division of Corporations	3
SUBJECT: Little Smurtys L.L.C (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:	
Hiskley Hernandez (Contact Person)	
7/20 fonso (Fim/Company)	
9300 Crabtere LN (Address)	
Port Richey - FL -34668 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Hiskley Hernandez at (813) 4120664 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$ \$\\$25\$ 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

CR2E079 (2/14)



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)

	imited liability company as it appears on the records of the Florida Department
of State is:	ittle Smurfys L.L.C
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 190	008294960
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 01/28/20
4. I, YOR JAN	whe of Person Resigning), hereby withdraw resign as a
AP (1	Print Title)
of this limited liab	ility company and affirm the limited liability company has been notified of my ting.
400 51	
Signature of Dis	sociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)