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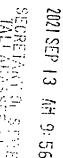
| (Requestor's Name) | | | |
|---|--|--|--|
| | | | |
| (Address) | | | |
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| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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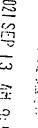
Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | • |
|---|---|
| Smooth Moves Logistics LLC | |
| SUBJECT: | |
| (Name o | of Limited Liability Company) |
| The enclosed member, resignation or di | issociation and fee(s) are submitted for filing. |
| Please return all correspondence concer | rning this matter to: |
| Heather McConville | |
| (Contact Person) | |
| Smooth Moves Logistics LLC | |
| (Firm/Company) | |
| 907 6th avenue south | |
| (Address) | |
| jacksonville beach, fl. 32250 | |
| (City/State and Zip Code) | |
| For further information concerning this | matter, please call: |
| heather mcconville | 904 626-1206 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made paya | able to the Florida Department of State for: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

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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)

| | limited liability company as i | it appears on the records | of the Florida Department |
|--|--------------------------------------|-----------------------------|----------------------------|
| | | | |
| 2. The Florida doci L20000007107 | ument/registration number ass | signed to this limited lial | bility company is: |
| | | · | 09/10/2021 |
| 3. The date this me STEVEN CATIF | mber/manager withdrew/resig | gned or will withdraw/re | esign is: |
| 4. 1. | | , hereby withdraw/r | esign as a |
| (Print N MANAGER | ame of Person Resigning) | | |
| | (Print Title) | | |
| of this limited lia resignation in wr | bility company and affirm the iting. | e limited liability compar | ny has been notified of my |
| 13- | 20 | | 2021 SEP SECRETA |
| Signature of Di | ssociating Member or Resign | ning Manager | SEP 13 |
| Filing Fee: | \$25.00 (Required) | | Sir a . II |
| Certified Copy: | • • • | | 9 5 |