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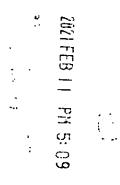
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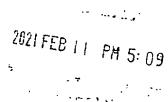
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## **COVER LETTER**

TO:		tration Section ion of Corporations	
SUBJ	ECT:	SMART AV, LLC (Name of Limited Liabili	ty Company)
		(Name of Limited Liabili	ty Company)
The e	nclosed	I member, resignation or dissociation and	fee(s) are submitted for filing.
Please	e returr	all correspondence concerning this matt	er to:
Eduar	d Kotlya	rov, Jr., Esq.	
		(Contact Person)	
KLO	PLLC		
		(Firm/Company)	
4910	Commu	nication Ave, Suite 200	
		(Address)	
Boca	Raton, F	FL 33431	
		(City/State and Zip Code)	
For f	urther	information concerning this matter, please	e call:
Edua	rd Kotly	arov, Jr., Esq. 561	289-6400 )
	(1)	Name of Contact Person) (Are	a Code & Daytime Telephone Number)
	osed pl 25 Filit	ease find a check made payable to the Floring Fee  \$55	orida Department of State for: Filing Fee & Certified Copy
	Reg Div P.O	istration Section ision of Corporations . Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li	mited liability company a	as it appears on the records of the Florida Department
of State is:	AV, LLC	,
2. The Florida docum	nent/registration number	assigned to this limited liability company is:
L20000022714		•
3. The date this mem	nber/manager withdrew/re	esigned or will withdraw/resign is:
Juan Salamanca		hereby withdraw/resign as a
(Print Nat	me of Person Resigning)	. hereby withdraw/resign as a
Manager		
(1	Print Title)	
resignation in writ	ing.	the limited liability company has been notified of my
Signature of Dis	ssociating Member or Res	signing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	