

# L20 000127247

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

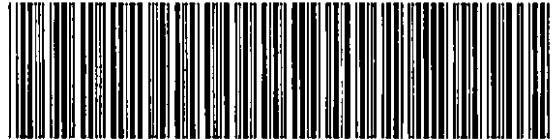
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700355240197

11/20/20--01015--014 \*\*85.00

NOV 08 2021

S. YOUNG

2020 NOV 20 PM 6:35

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMART FINANCIAL PUBLISHING LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000127247

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN M. WALSH

Name of Person

WALSH BANKS LAW

Name of Firm/Company

105 E ROBINSON STREET, SUITE 303

Address

ORLANDO, FL 32801

City/State and Zip Code

brian.walsh@walshbanks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN M. WALSH

407

259-2426

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

WALSH BANKS LAW  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for SMART FINANCIAL PUBLISHING LLC  
\_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

1.20000127247  
\_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

BRIAN M. WALSH  
\_\_\_\_\_

Typed or Printed Name

MGR  
\_\_\_\_\_

Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327,  
Tallahassee, FL 32314

2020 NOV 20 PM 6:35

10/11/2020