L20000211604

(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

100375722441

11/01/21--01011--003 **25.00

2021 NOV -1 PM
SECRETARY OF STATE
TALLAHASSEE, FL

NOV 23 2021

**Joseph J. Rosen, P.A.**
*Attorney-at-Law**

**Member of Florida Bar*

*5030 Champion Blvd.*
*Suite G11-238*
*Boca Raton, FL 33496*
*Phone: 561-638-8593*
*Fax: 561-300-8860*
*Email: jlawgator8@aol.com*

October 25, 2021

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Smart Rooms of Florida, LLC

Dear Division:

I am enclosing a resignation of manager from for the above referenced entity. Please file the form with the state records. The filing fee is enclosed.

Sincerely,

Joe Rosen

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 Florida Department of State is: Smart Rooms of Florida.

2. The Florida document/registration number assigned to this limited liability company is: L20000211604.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 2021

4. I, Danika Cross, hereby withdraw/resign as a
*(Print Name of Person Resigning)*

MANAGER.
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

FILED
2021 NOV -1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FL