

K20000211604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

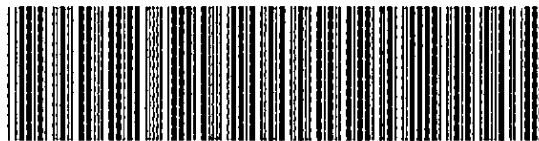
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 NOV -1 PM
SECRETARY OF STATE
TALLAHASSEE, FL

NOV 23 2021

Joseph J. Rosen, P.A.

*Attorney-at-Law**

**Member of Florida Bar*

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October 25, 2021

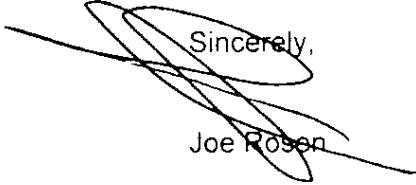
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 Hoons of Florida

2. The Florida document/registration number assigned to this limited liability company is: 420000211604

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.

D. Cross
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