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(Requestor's Name)	
(Address)	500360874
(Address)	300300074
(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SMT6 LLC (Name of Limited Liability Co	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
ZONALD A. CHRISTOPHER	_
(Contact Person)	
S MTG (Firm/Company)	_
702 RIVER BEND BLUD (Address)	_
(Address)	
Longwood, FL 32779 (City/State and Zip Code)	_
For further information concerning this matter, please call	:
(Name of Contact Person) (Area Cod) 947. 7396
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for: ng Fee & Certified Copy
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

CR2E079 (2/14)



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 rec	cords of the Florida Department
of State is:	SMTGLLC	
2. The Florida doc	ument/registration number assigned to this limite	d liability company is:
L 200 00	277 299	
3. The date this me	ember/manager withdrew/resigned or will withdra	nw/resign is:
4. 1. <u>KR1570 ph e</u> (Print N	r S. S. How hereby withdr 'ame of Person Resigning)	aw/resign as a
Managing	PARTNER (Print Title)	*** 젊
of this limited lia resignation in wr	bility company and affirm the limited liability coiting.	mpany has been notified of my
	The sisting Manches and Davis sing Manches	
Signature of Di	issociating Member or Resigning Manager	
—	\$25.00 (Required) \$30.00 (Optional)	