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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ıe)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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2022 NOV -1 PH 1: 16 SECRETARY OF STATE





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

October 26, 2022

Cori Ann Crosthwaite

Vendor#

1960

!AE: IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Ref Number:

1866107

Division of Corporations PO Box 6327

Tallahassee, FL 32314

Return Shipping:

FAX:

850-687-6381

EMAIL:

NAME:

SMART OPERATOR SOLUTIONS

ORLANDO LLC

FILE REGISTERED AGENT RESIGNATION

State

County

FL

PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5, Florida Statutes, the und	lersigned,		
ROCKET LAWYER CORPORATE SERVICES LLC		, hereby resigns as			
	Name of Registered Age	nt	<u> </u>		
Registered Agent for	Smart Operator Sol	utions Orlando LLC			
	Name of Lin	nited Liability Company		,	
L21000455195	Number, if known	·			
		above listed limited liabilit	y company at its last kno	wn address.	
.,		ontinued on the 31st day aft			iled.
	Edma V	Signature of Resigning Agent			
If signing on behalf of	f an entity:			20 S	
	EDNA PERRY		 	2022 NOV -	المكتمة
	Т	yped or Printed Name			
	Asst. Secretary Rocke	et Lawyer Corporate Service	s LLC	1 3 A	1
		Capacity		PH 1:	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolution withdrawn limited liability.	company ved/ voluntariły dissolve ility company	원 *	

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