## L22000097767

(Ře	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		





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03/08/24--01029--016 ++55.00

## **COVER LETTER**

Division of Corporations	
SMARTER YACHTS LLC SUBJECT:	
(Name of Limited Liability Co	npany)
The enclosed member, resignation or dissociation and feet	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Homayoun Ranjijifroody	
(Contact Person)	_
Smarter Yachts LLC	
(Firm/Company)	-
20200 W Dizie Hwy., Suite 1208	
(Addrew)	-
Miama, FL 33180	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Homayoun Ranjijifroody 786	901-0139
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I  □ \$25 Filing Fee  ■ \$55 Filing	Department of State for:  PLEASTRED  PLEASTRED  ANORM
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, FI, 32303

CR2E079 (2/14)

TO: Registration Section



## 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)

	limited liability company as it appears on the records of the Florida Department
of State is: SMA	RTER YACHTS LLC
2. The Florida doci	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Shawkie Baydor	
PRES	
	(Print Title)
resignation in wr	<u>u</u>
Signature of 19	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30,00 (Optional)