

M16000005007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

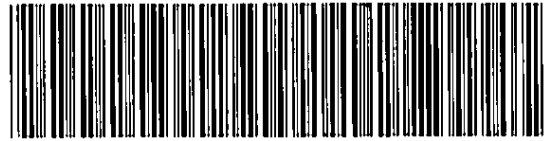
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED

2023 AUG 24 AM 10:18

TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG 24 PM 1:14

TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/24/2023

**\*\*WALK IN\*\***

ENTITY NAME SMARTSOFTINT LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$85

ACCOUNT #: I20160000072

*S R J*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Platinum Agent Services LLC  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_  
SMARTSOFTINT LLC  
\_\_\_\_\_  
Name of Limited Liability Company

M16000005007  
\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

/s/ Steven Friedman

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Steven Friedman

\_\_\_\_\_  
Typed or Printed Name

Authorized Person

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

FILED  
2023 AUG 24 AM 10:18  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS