M1800000 7007

(Requestor's Name)				
(Address)	<u>, </u>			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)	<u> </u>			
(Document Number)				
Certified Copies Certificates of State	tus			
Special Instructions to Filing Officer:				

Office Use Only



900340182279

02/05/20--01005--013 **25.00

20 MAR 30 PH 2: 58

O SIMMONS MAR 3 0 2020 Division of Corporations

March 3, 2020

RICHARD /ALESIA DAUGHERTY 439 STONEBRIDGE RD BIRMINGHAM, AL 35210

SUBJECT: SMART AIR, LLC Ref. Number: M18000007007

We have received your document for SMART AIR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00004608

Octavia L Simmons
Regulatory Specialist II Supervisor

COVER LETTER

TO:	Registration Division of	Section Corporations		
SUBJI	ECT:	Smart Air.	eign Limited Liability	
		(Name of Fore	rign Limited Liability	Company)
Dear S	ir or Madam:			
The en	closed withdra	awal and fee(s) are submitted	I for filing.	
Please	return all corr	espondence concerning this	matter to the followin	g:
_/0	ichano	(Name of Person)	San, heat,	/ L
	Sman	(Firm/Company)		_
	439 S	FONGBAILLA (Address)	(CAA)	_
<u> </u>	iamagh	(City/State and Zip Code	35210	_
For fur	, ,	ion concerning this matter, p) 50 4- 4516 & Daytime Telephone Number)
	Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
Enclos	sed is a check	for the following amount:		
□\$25	Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

1. Care

Smart Liz LL C (Name of Hinited liability company)		
(Name of Hmited liability company)		
Jahana Flore of Sanization)		
,		
(Date registered with Florida Department of State)		
(Date legistered with Florida Department of State)		
M 1800000 7007 (Florida Document Number) -	2020	
(Florida Document Number) -		•
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:	7. S	
this date will not be listed as the document's effective date on the Department of State	's records	* · * · · ·
	.58 	24
(Signature of authorized representative)		
Richard Dausharty		
(Typed or printed name of signee)		

Filing Fee: \$25.00