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Address

SMG, Inc. CORAL SPRINGS, FI Office Use Only UNLENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Photocopy Mail out ☐ Will wait Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment ☐ Not for Profit Resignation of R.A., Officer/Director Limited Liability ☐ Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

DIVISION OF CORPORATIONS

OI OCT 15 AM IO: 51

OFFICER / DIRECTOR RESIGNATION

I, ADEL SALEM, hereby resign as DECROR (Title)			· 45
of SMG # 1 / NC · (Name of Corporation)	_,	The:	, e ±.
a corporation organized under the laws of the State of			est ^{re -} -
and affirm that the corporation has been notified in writing of the resignation.			
(Signature of resigning officer/director)	: 5	٠, -	

FILING FEE IS \$35.00

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