P03000118411

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(D0	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
SECRETARY OF STATE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bee Smart Luc (Name of Corporation)
DOCUMENT NUMBER: PO 3 000 11 8411
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SILVIA MCIRIN (Name of Person)
(Name of Firm/Company)
3551 West Lake Mary Blus, Svite 209
City/State and Zip Code)
For further information concerning this matter, please call:
Margarita Ruiz at (407) 302-6482 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

4 % &

I, Silvia Mclain, hereby resign as Vice	Presipent
of Bee Smart, Inc. (Name of Corporation)	
Po300011841 a corporation organized under the laws of the (Document Number, if known)	ne State of
FLORIDA.	
(Signature of resigning officer/director)	DI SEP 22 PH 1: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILING FEE IS \$35.00