## P0900037683

(Requestor's Name) . (Address)	300157384503
(Address)	
(City/State/Zip/Phone #)	,
PICK-UP WAIT MAIL	06/23/8901016016 **157.50
(Business Entity Name)	and the second s
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	SECRETARY OF STATE  TALLAHASSEEFLORIDA

Office Use Only



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Resignation Register Agent (Name of Corporation)	
DOCUMENT NUMBER: \$\frac{9000037685}{}	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ELisabel Vazquez (Name of Person)	
(Name of Firm/Company)	
3333 W. Commercial Blud 202	
Fort handled ale, F1 33309 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Elisabel Vazguez at ( <u>954</u> ) 6702639 (Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>Martha Cerimo</u> (Name of Registered Agent)
hereby resigns as Registered Agent for <u>Smart Fnergy Technologic</u>
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Martha Cerino (Typed or Printed Name)
(Capacity)
407

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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