

P140000064543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600263999196

09/10/14--01018--005 \*\*35.00

FILED  
CLERK OF STATE  
14 SEP 10 AM 9:51

OD/Res  
10/9/17/14

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SMJ Liquidators, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000064543

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sidney Johns  
(Name of Person)

SMJ Liquidators, Inc.  
(Name of Firm/Company)

13833 Fox Glove St.  
(Address)

Winter Garden, FL 34787  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sidney Johns at (954) 261-3546  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

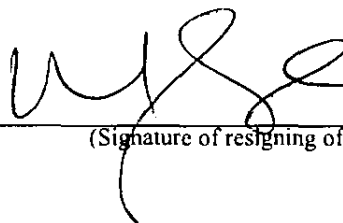
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Monique Johns, hereby resign as President  
(Title)

of SMT Liquidators Incorporated,  
(Name of Corporation)

P14000064543, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

FILED  
STATE  
DEPARTMENT OF  
14 SEP 10 AM 9:51

**FILING FEE IS \$35.00**

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

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