

P15000064225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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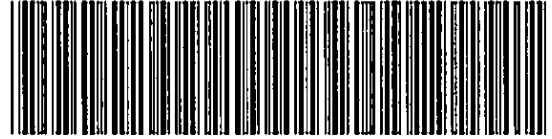
(Business Entity Name)

(Document Number)

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2018 APR 13 PM 1:58

APR 17 2018

**TRANSMITTAL LETTER**

2018 APR 13 PM 1:4

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SM2 SUPPLIERS, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000064225  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Marcio G Souto

\_\_\_\_\_  
(Name of Person)

SM2 SUPPLIERS, INC.

\_\_\_\_\_  
(Name of Firm/Company)

1325 NW 98th CT Unit 5

\_\_\_\_\_  
(Address)

Doral FL 33172

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marcio G Souto 305 471-1010  
\_\_\_\_\_  
(Name of Person) at ( )  
(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**

2018 APR 13 PM 1:8

I, MARCO B MOTA, hereby resign as VP  
(Title)

of SM2 SUPPLIERS, INC.  
(Name of Corporation)

P15000064225, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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