Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit

number (shown below) on the top and bottom of all pages of the document.

: CAPITOL SERVICES, INC.

(((H18000279887 3)))



H180002798873ABCH

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Account Name

Fax Number : (850)617-6383

From:

\*\*\*PLEASE FILE SECOND, AFTER MERGER OF VAPOR SHARK FLAGAMI, LLC\*\*\*

Account Number : 120160000017 Phone : (855)498-5500

Fax Number : (800)432-3622

\*\*\*PLEASE FILE SECOND, AFTER MERGER OF VAPC SHARK FLAGAMI, LLC\*\*\*

N

## LLC DISSOLUTION OR WITHDRAWAL VAPOR SHARK FLAGAMI, LLC

\*\*\*PLEASE FILE SECOND, AFTER MERGER OF VAPOR SHARK FLAGAMI, LLC\*\*\*

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

\*\*\*PLEASE FILE SECOND, AFTER MERGER OF VAPOI SHARK FLAGAMI, LLC\*\*\*

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T. CLINE
Help 26 2018

**EXAMINER** 

2661 Executive Center Circle

Tallahassec, FL 32301

Tallahassee, FL 32314

## **COVER LETTER**

Division of Corporations	•	
SUBJECT: Vapor Shark Flagami, LLC	History Common and the Common and th	
(Name of Limited	d Liability Company)	Philips Co.
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.	1
Please return all correspondence concerning this matter to the	ne following:	
	r .	,
	( Dobbins cof Person)	
Tuming F	Point Brands, Inc.	
(Firm	(Company)	_
5201 Inte	erchange Way	
(A	ddress)	
	e, Kentucky 40229	
(City/State	e and Zip Code)	
For further information concerning this matter, please call:		
James W. Dobbins	at ( 502 ) 774-4421	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee and Certificate of Dissolution	■ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is					
	Vapor Shark Flagami, LLC					
2.	The Articles of Organization were filed on 02/25/2014 and assigned					
	document number L14000032375					
3.	The delayed effective date the dissolution if not effective on the date of filing: 09/30/2018  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	Pursuant to section 605.0701(2), Florida Statutes, the sole member of Vapor Shark Flagami, LLC consented to the					
	dissolution of Vapor Shark Flagami, LLC.					
	, N					
5.	If there are no members, enter the name and address of the person appointed to wind up the company's					
	activities and affairs:					
	· · · · · · · · · · · · · · · · · · ·					
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:					
	James W. Dobbins, Manager of Sole Member					
0	Signature Printed Name FILING FEE: \$25.00					

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Li	mited Liability Company: Vapor Shark Flagami, LLC		
-Document	number of Limited-Liability-Company-is:L14000032375		
Date of dis	solution was: September 30, 2018		
Description	of information that must be included in a written claim:		
Any person	having a claim egainst the Company may notify the Company of the claim by sending a lett	ter contail	ning a brief
description	of the nature of the claim, the amount of the claim, and the date the claim was incurred.		
			<del>22</del>
		-49	<b>5</b> 55
-		,,	12
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)		ions)	T#
	Turning Point Brands, Inc.	<del>41)</del>	0.7
	Attn: James W. Dobbins		
	5201 Interchange Way		
	Louisville, Kentucky 40229		

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

James W. Dobbins, Manager of Sole Member

Signature of the Person Filing