

LD90000/8276

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 14 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cigars 90 Plus, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO9000018276

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward J. Kinberg
Name of Person

Kinberg & Associates, LLC
Name of Firm/Company

1290 W. Eau Gallie Blvd.
Address

Melbourne, FL 32935
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Noble at (321) 259-1910
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 DEC -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 1, 2011

EDWARD J KINBERG
KINBERG & ASSOCIATES LLC
1290 W EAU GALLIE BLVD
MELBOURNE, FL 32935

SUBJECT: CIGARS 90 PLUS, LLC
Ref. Number: L09000018276

We have received your document for CIGARS 90 PLUS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00024867

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Edward J. Kinberg, hereby resigns as
Name of Registered Agent

Registered Agent for Cigars 90 Plus, LLC
Name of Limited Liability Company

LO9000018276
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Kinberg & Associates, LLC
Typed or Printed Name
managing member
Capacity

FILED
2011 DEC -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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