

L09000031548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

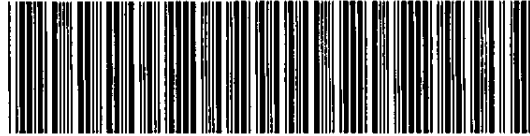
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 22 PM 2:40

JUN 23 2015

T CANNON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2015

NANCY J PEFFER  
THE VAPOR PRO LLC  
12878 SUGAR CREEK DR  
PALM BEACH GARDENS, FL 33418 US

SUBJECT: THEVAPORPRO LLC  
Ref. Number: L09000031548

We have received your document for THEVAPORPRO 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 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) 245-6050.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 015A00012196

RECEIVED  
15 JUN 22 PM 4:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Vapor Pro, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nancy PETER  
(Contact Person)

The Vapor Pro, LLC  
(Firm/Company)

12878 Sugar Creek Dr  
(Address)

Palm Beach Gardens FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Peter at ( 954 ) 707-5606  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: The Vapor Pro, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L09000031548

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/15/15

4. I, Amber C. Peffer, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MEM  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Amber C. Peffer  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)