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COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT: <u>CATELLI CIGAR COMPANY</u>, <u>LLC</u>
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

MICHAEL CATALANO (Contact Person)

CATELU CIGAR COMPANY, LLC
(Firm/Company)

2840 N.W. 2 DAVE., SUITE 204
(Address)

ON, FL 33431 (City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL CATALANO at (855) 228-3554

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	The name of the limited liability company as it appears on the records of the Florida Department of State is: <u>CATELLI CIGAR COMPANY</u> , LLC.
2. 1	his limited liability company was organized under the laws of:
•	FLORIDA DEPARTMENT OF STATE
3. Т	The Florida document/registration number of this limited liability company is:
4. I,	(Print Name of Person Resigning) (Print Title)
	this limited liability company and affirm the limited liability company has been notified of my signation in writing.
(A)	gnature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)