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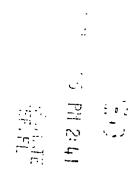
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Division of Corporations
SUBJECT: Cigarros Del Mundo, LC (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:
F-eiry ASSOUTINE (Contact Person)
Cigarros Del Mundo, LLC (Firm/Company)
2182 NE 186 Terrace (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 527-8121 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$25 \text{ Filing Fee} \sum \\$55 \text{ Filing Fee & Certified Copy}
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

TO: Registration Section



## 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	l liability company as it appears on the records of the Florida Department
of State is:	garros Del Mundo, LLC.
2. The Florida document/i	registration number assigned to this limited liability company is:
	01545
3. The date this member/n	nanager withdrew/resigned or will withdraw/resign is: 6 th 2015
4.1, McChel (Print Name of F	Person Resigning), hereby withdraw/resign as a
Managin (Print Ti	Member E-
of this limited liability corresignation in writing.	ompany and affirm the limited liability company has been notified of my
Mülu	WaldL
Signature of Dissociat	ing Member or Resigning Manager
Filing Fee: \$25 Certified Copy: \$30	