## L12000136794

(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
	WAIT		
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
·			
		:	

Office Use Only



400261628714

07/01/14--01009--009 \*\*20.00

05/12/14--01039--013 \*\*35.00

resignation of



12/31/14



July 17, 2014

MIKE CORBETT 2723 SHERIDAN DRIVE SARASOTA, FL 34239

SUBJECT: WHOLE E-SMOKE, LLC

Ref. Number: L12000136794

We have received your document for WHOLE E-SMOKE, LLC and your check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The fee to file your document is \$35.

There is a balance due of \$5.00.

A certified copy is an additional \$30.00.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 114A00015414



## 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 a	ppears on the records of the Florida Department
of State is: W	OLE E-SMOKE, LLC	·
2. The Florida docu	ment/registration number assign	ned to this limited liability company is:
L120003	6794	
3. The date this men	mber/manager withdrew/resigne	ed or will withdraw/resign is: JANUARY 1, 2014
4. I, MIKE COR	BETT ame of Person Resigning)	_, hereby withdraw/resign as a
MGR	Print Title)	
of this limited liab		nited liability company has been notified of my
Signature of Dis	ssociating Member or Resigning	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	