

L120000136794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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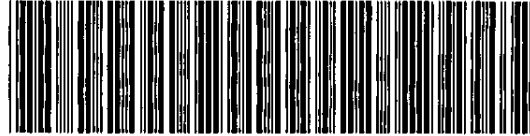
(Business Entity Name)

(Document Number)

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Resignation of
RA

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

FILED
2014 SEP 29 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADR
12/31/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHOLE E-SMOKE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000136794

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:

MIKE CORBETT

Name of Person

Name of Firm/Company

2723 SHERIDAN DRIVE

Address

SARASOTA, FL 34239

City/State and Zip Code

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

For further information concerning this matter, please call:

MIKE CORBETT

Name of Person

at (

941

Area Code

809-7321

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

INHS17 (2/14)

Fax (850)-245 6897

*Annette
(850) 245-6907*

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

MIKE CORBETT

Name of Registered Agent

, hereby resigns

Registered Agent for **WHOLE E-SMOKE, LLC**

Name of Limited Liability Company

L1200036794

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.
(effective date 01-01-2014 as previously requested)
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

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