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COVER LETTER

Division of Corporations UNITED TABAC, LLC SUBJECT: (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: Enmanuel A. Estrella (Contact Person) United Tabac LLC (Firm/Company) 7209 Nw 54th Street (Address) Miami, FL 33166 (City/State and Zip Code) For further information concerning this matter, please call: 305 Enmanuel A. Estrella Pichardo (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Registration Section



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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department
2. The Florida doc	nument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
MGRM	
· ·	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my
Signature of	Dissoc ating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)