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COVER LETTER

TO: Registrati Division	on Section of Corporations			
SUBJECT:	Smart Smoke	Vapors	LLC	
	(Name of I	Limited Liability Co	mpany)	
The enclosed me	mber, resignation or disse	ociation and fee(s) are submitted for filing.	
Please return all	correspondence concerni	ng this matter to:		
Randul	(Contact Person)		_	
	(Contact Person)			
SMOST S	Moke Vapors, (Firm/Company)	446		15 MAR -9
	(Firm/Company)		<u> </u>	野
4107 5. TAM	(Address)			
	(Address)			ائنہ الما
Venice, F	City/State and Zip Code)		_	PR 3: 22
	(City/State and Zip Code)			
For further inform	nation concerning this m	atter, please call:		
Rondall	whitting ton	at (<u>941</u>		
(Name	of Contact Person)	(Area Code	e & Daytime Telephone Nur	ıber)
Englosed please to \$25 Filing Fee	find a check made payabl		Department of State for: g Fee & Certified Copy	
STREET/COUR	RIER ADDRESS:		MAILING ADDRESS:	
	egistration Section Registration Section			
Division of Corpo	orations		Division of Corporations	
Clifton Building	lifton Building P.O. Box 6327			

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 liability company as it appears on the records of the Florida Department
of State is:	SMORT SMOKE Vapors, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L13	000076198
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:o3/o1/2015
4. I, Randa (Print N	lame of Person Resigning), hereby withdraw/resign as a
Monag	(Print Title)
of this limited lia resignation in wr	
	724
Signature of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required) \$30.00 (Optional)
certified copy.	#20.00 (Optional)