

L13000116F98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

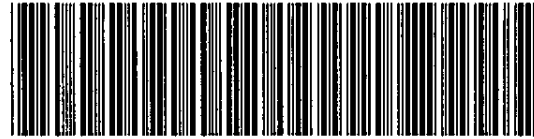
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500256032885

01/31/14--01020--022 **85.00

Stivers FEB 04 2013

SECTION 13
FEBRUARY 4 2013
14 JAN 31 10 10 AM '13
FEB 04 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Huff & Puff Vapor Stuff, LLC

(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:

Ruben Urgell

(Contact Person)

Huff & Puff Vapor Stuff, LLC

(Firm/Company)

10804 SW 88 Street, #P-10

(Address)

Miami, FL 33185

(City/State and Zip Code)

For further information concerning this matter, please call:

Ruben Urgell

(Name of Contact Person)

at (305) 763-2287

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &

Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

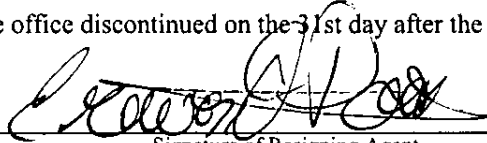
Erwin O. Pons _____, hereby resigns as
Name of Registered Agent

Registered Agent for **Huff & Puff Vapor Stuff, LLC** _____
Name of Limited Liability Company

L13000116898 _____
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.



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

STATE OF FLORIDA
TALLAHASSEE
16 JAN 21 10:10:51
15 JAN 18 10:10:51

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**