L13000120508

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

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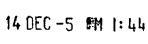
COVER LETTER

Division of Corporations				
SUBJECT: Freeway alternative smoking	ıg Ilc			
(Name of Limited Liability Company)				
The enclosed member, resignation or dissoc	eiation and fee	e(s) are submitted for filing.		
Please return all correspondence concerning	this matter to	o:		
Gery Bentov				
(Contact Person)				
Freeway alternative smoking llc				
(Firm/Company)		<u> </u>		
7240 nw 31 st				
(Address)				
miami FI 33122				
(City/State and Zip Code)		<u> </u>		
For further information concerning this mat	ter, please cal	1:		
Gerì Bentov	305	495-1889		
(Name of Contact Person)		de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2}\$ \frac{1}{5}\$ 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		

CR2E079 (2/14)

TO: Registration Section







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	e limited liability company as it appear	s on the records of the Florida Department	
of State is:	eway Alternative smoking , L L	<u> </u>	
2. The Florida doc	cument/registration number assigned to	this limited liability company is:	
L1300012050	08		
3. The date this me	ember/manager withdrew/resigned or	will withdraw/resign is:	
4. I, Asher Gutman (Print Name of Person Resigning)		hereby withdraw/resign as a	
(Print)	Name of Person Resigning)	eoy windiawitosign as a	
MGR			
-	(Print Title)		
of this limited lia resignation in wi		liability company has been notified of my	
Signature of D	Dissocrating Member or Resigning Man	ager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		