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J. Shivers JAN 3 0 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations		
	SHOPLIC	
00000011	nited Liability Company)	
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
ADNAN VIRANI		
(Contact Person)	<del></del>	
(Firm/Company)		
12377 S CLEVELAND A	AVE	
(Address)		
FORT MYERS FL 3390	7	
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
MICHAEL RICH ESQ	_at (239 <u>)</u> 333-0192 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	•	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

CR2E079 (12/13)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as TUS SMOKE SHOP L		of the Florida Departmen		
2. The Florida doc L14000009	ument/registration number o	f this limited liability comp	pany is:		
3. The date this me	ember withdrew or will with	draw is: JANUARY 24,	2014		
4. I, SULEMAN KHIMANI (Print Name of Person Resigning)		, hereby resign as a	, hereby resign as a MANAGER		
			(Print Title)		
of this limited lia resignation in w	ability company and affirm the	e limited liability company	y has been notified of my		
Signature of R Filing Fee:	esigning or Dissociating Ma \$25.00 (Required)	nager, Member			
Certified Copy:	\$30.00 (Optional)				