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COVER LETTER

SUBJECT:	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to: Montana Ladia (Contact Person)	SUBJECT: Cheane Tone Voo	or LLC Company)
Muntana Hallal (Contact Person) Cham's Tana Vara (Firm/Company) 1020(S. Orange and Ste 1/4 (Address) Orlando FL 37824 (City/State and Zip Code) For further information concerning this matter, please call: 1020(S. Orange and Ste 1/4 (Address) Orlando FL 37824 (City/State and Zip Code) For further information concerning this matter, please call: 1020(S. Orange and Ste 1/4 (Address) 1020(S. Orange and Ste 1/4 (Address) 1020(State and Zip Code) For further information concerning this matter, please call: 1020(State and Zip Code) 1020	The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Charic tonic Varior (Firm/Company) 10201 S. Orage aw Ste 1/4 (Address) Orlando FL 37824 (City/State and Zip Code) For further information concerning this matter, please call: 10201 S. Orage aw Ste 1/4 (Address) Orlando FL 37824 (City/State and Zip Code) For further information concerning this matter, please call: 10202 Area Code & Daytime Telephone Number) Included Florida Department of State for: 10203 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327	Please return all correspondence concerning this matter t	o:
Color S. Orange and Ste 1/4 Color State and Zip Code	Montana Haddall (Contact Person)	TALLAH
City/State and Zip Code) For further information concerning this matter, please call: Langle Lan	Clisuric tonic Vayor (Firm/Company)	SSET OF
For further information concerning this matter, please call: Manual Halland at (MO7) 205-5027 (Name of Contact Person) (Area Code & Daytime Telephone Number) Proclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee	10201 S. Orange ave Ste 114 (Address)	Agisto 1
Marie of Contact Person All the Code & Daytime Telephone Number	Orlando FL 37824 (City/State and Zip Code)	
Birclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee	For further information concerning this matter, please ca	11:
Birclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee	Martan Haddad at (1107	405.5027
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327	(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 6327		
	Registration Section Division of Corporations	Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)



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: Chronic Tonic Vapor LLC
2. The Florida document/registration number assigned to this limited liability company is:
47-1214331
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-18-14
4. I, Muntan Hould, hereby withdraw/resign as a (Print Name of Person Resigning)
CEO (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Mit All
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)