(Re	questor's Name)	
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## **COVER LETTER**

Division of Corporations		
SUBJECT: ISLAND CIGAR FACTORY 2 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:		
ASSAF AZOULAY (Contact Person)		
(Firm/Company)		
1805 Staples Ave Suite 102		
Key West, FL 33040 (City/State and Zip Code)		
For further information concerning this matter, please call:		
A 559 F A 200 lay at (305) 879 - 4959 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$25 \text{ Filing Fee} \square\$ \$55 \text{ Filing Fee & Certified Copy}		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations 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)

I. The name of the limited liability company as it appears on the records of the Florida Department
of State is:   SLAND CIGAR FACTORY Z, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L1400014268Z
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3-6-2015
4. I, ASSAF AZOUIAY, hereby withdraw/resign as a (Print Name of Person Resigning)
Manager (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)