L15 000088585

(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:		





300349000653

07/28/20--01041--032 **\$5.08

JQ 09/22/20

COVER LETTER

SUBJECT:	
Name of Limited Liability	/ Company
DOCUMENT NUMBER: L15000088585	· ·
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
Ed Tsuji	
Name of Person	-
MyCompanyWorks, Inc.	
Name of Firm/Company	-
187 E. Warm Springs Rd., Suite B	
Address	-
Las Vegas, NV 89119	
City/State and Zip Code	-
orders@mycompanyworks.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Sarah Balen 702	362-2677
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01!	Florida Statutes, the undersigned	d,
InCorp Services, Inc.	, herel	ov resigns as
Name of Registered Age	ent	, , , , , , , , , , , , , , , , , , ,
Registered Agent for Cigar Global LLC		
		··
Name of Lit	nited Liability Company	
L15000088585		
Document Number, if known		
A copy of this resignation was mailed to the	above listed limited liability compa	ny at its last known address.
The agency is terminated and the office disco	ontinued on the 31st day after the da	ate on which this statement is filed.
Sarah E	Signature of Resigning Agent	
_	Signature of Resigning Agent	_
If signing on behalf of an entity:		20
Sarah Balen		FILED 2020 JUL 28 AM IO: 19 SECRETARY OF STATE TALLAHASSEE, FL
"	Typed or Printed Name	
Assistant Secre	tary	LAHASS
	Capacity	JUL 28 AM 10: LEAHASSEE
		EE ST
		7. 19
FILING \$ 85.00 \$ 25.00		y untarily dissolved/

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