## 1/5000/0929/

(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:		

Office Use Only



500305008005

01/04/18--01005--022 \*\*75.00

18 JAN -4 PM 2: 01

K. SALY JAN - 5 2018

## COVER LETTER

TO:	_	stration Section sion of Corporations			
SUBJ	JECT:	Brandon Vapor, LLC			
17017	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Limited Liability Company)			
The e	nclosed	I member, resignation or disso	ciation and fee(	s) are submitted for filing.	
Please	e returr	all correspondence concernin	g this matter to:		
Richa	ard F \	Wheeler			
	<del></del>	(Contact Person)			
Berg	& Wh	eeler, P.A.			
		(Firm/Company)	· <del></del>	<del>_</del>	
217 8	East R	obertson Street			
		(Address)		_	
Bran	don, F	L 33511			
		(City/State and Zip Code)	<del></del>	_	
For fi	arther i	nformation concerning this ma	tter, please call	:	
Richa	ard F \	Wheeler	813 at (	685-0050	
	4)	Jame of Contact Person)		e & Daytime Telephone Number)	
	sed plo 5 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
Regis Divis Clifto 2661	stration ion of ( on Build Execut	OURIER ADDRESS: Section Corporations ding ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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)

	e limited liability company as it appears on the records of the Florida Department
2. The Florida doc L1500010929	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I.	
Member	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Jacy	Smith-relan
Signature of D	issociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)