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- (Re	questor's Name)			
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(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
<u>—</u>	_	_		
(Bu	ısiness Entity Naı	me)		
(Do	cument Number)			
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Certified Copies	_ Cenificate	s of Status		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

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COVER LETTER

Division of Co			
Universal SUBJECT:	Vape,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
			,
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gerardo Patricio		
		Name of Person	
	Universal Vape,LLC		
		Firm/Company	
	1320 Stirling Road, 6b		
		Address	
	Dania Beach, Fl 33004		
		City/State and Zip Code	
	jerry@universalvapeco.com		
	E-mail address: (to be used for future annual report notification	on) 2015
For further information	concerning this matter, please ca	all:	2015 DEC SECRETA
Gerardo Patricio		954 688-3361 at ()	ephone Number
Name Enclosed is a check for	of Person the following amount:		STATE FLORID
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 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)

	limited liability company a ersal Vape,LLC	as it appears on the records of the l	Florida Department
2. The Florida docu	-	assigned to this limited liability co	ompany is:
4. I, Jesus Lamaz (Print N		esigned or will withdraw/resign is:, hereby withdraw/resign as	
	(Print Title) bility company and affirm titing.	the limited liability company has b	of ST
Signature of Di	ssociating Member or Resi	igning Manager	
_	\$25.00 (Required) \$30.00 (Optional)		