L/600/88/20

| (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: | | | | |
| | | | | |
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Office Use Only



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AUG 25 2017

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------|--|-----------------------|---|----------------------|
| SUBJ | CHUCKIN CLOUDS VAP | E SHOP LLC | | |
| 0020 | | Limited Liability Com | pany) | |
| The er | nclosed member, resignation or diss | ociation and fee(s) | are submitted for fili | ng. |
| Please | return all correspondence concerni | ng this matter to: | | |
| KEVII | N HOWELL | | | |
| - | (Contact Person) | | - | |
| WAR | R & FORESTER LLC | | | |
| | (Firm/Company) | | - | |
| 1360 | W NINE MILE ROAD | | | |
| | (Address) | | - | . . |
| PENS | SACOLA, FL 32534 | | | 17 AI |
| | (City/State and Zip Code) | | - | 76.2 13.5 13.5 |
| For fu | rther information concerning this m | natter, please call: | | S A A |
| BRAN | NDON FORTSON | 850 at (| 266-0161 | AUG 23 AM II: 49 |
| | (Name of Contact Person) | (Area Code | & Daytime Telephone 1 | Number) 6 |
| | sed please find a check made payab Filing Fee | | epartment of State for Fee & Certified Copy | |

STREET/COURIER ADDRESS:

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

| 1. The name of the | limited liability company as | it appears on the records of the l | Florida Departn | nent |
|-------------------------------------|--|--------------------------------------|-----------------|----------|
| of State is: | CKIN CLOUDS VAPE SH | HOP LLC | | · |
| 2. The Florida docu L16000188120 | | ssigned to this limited liability co | ompany is: | 17 AUG |
| PENITA FOR | NOSTE | igned or will withdraw/resign is: | ے بی | ° ° |
| 4. I. (Print N | ame of Person Resigning) | , hereby withdraw/resign as | T CREE | AM 11:49 |
| | (Print Title) | | ; 14 | |
| resignation in wri | | ne limited liability company has b | een notified of | my |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | |