

L17000157023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

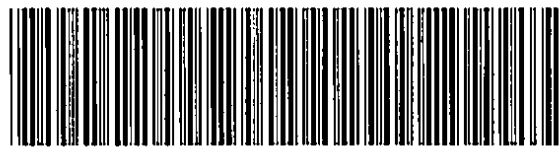
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SmokeRo  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jose Cid  
(Contact Person)

SmokeRo  
(Firm/Company)

2426 Grande Valley Circle  
(Address)

Cory, NC 27513  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Cid at (786) 315-7053  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing 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



18 SEP 11 PM 4:35

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 Florida Department of State is: Smoke Ro

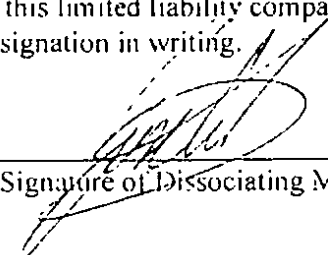
2. The Florida document/registration number assigned to this limited liability company is:  
L17000157023

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/30/18

4. I, Jase Cid, 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)