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O SIMMONS

COVER LETTER

TO:	_	stration Section sion of Corporations			
SUBJ		Puro Vida Cigars LLC			
	ECT:	(Name of Limited Liability Company)			
The er	nclosed	i member, resignation or disso	ciation and fee(s) are submitted for filing.	
Please	e return	all correspondence concernin	g this matter to:		
Jave	d A Ch	naudhry			
		(Contact Person)		-	
Puro	Vida (Cigars LLC			
		(Firm/Company)		<u>.</u>	
1824	2 Popl	lar Road			
		(Address)		-	
Fort I	Myers,	Florida 33967			
		(City/State and Zip Code)		_	
For fu	irther ii	nformation concerning this ma	tter, please call:		
Javeo	d A Ch	naudhry	239 at (287-5528	
	(N	ame of Contact Person)	_ \	& Daytime Telephone Number)	
	sed ple 5 Filing	ease find a check made payable g Fee		Pepartment of State for: Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
_		Section		Registration Section	
		Corporations		Division of Corporations P.O. Box 6327	
	n Build Evecut	ing ive Center Circle		Tallahassee, Florida 32314	
		Florida 32301		гананавые, г юнца 52514	

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)

	limited liability company as Vida Cigars LLC	it appears on the records of the Florida Department
	ument/registration number as:	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: 5/2/2019
Carrat Date		, hereby withdraw/resign as a
(Print N Manage r	lame of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	