## 119000052168

(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:					

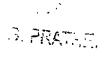
Office Use Only



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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ	The Hookah Lab, LLC		
	(Name of	Limited Liability C	ompany)
The er	nelosed member, resignation or dis-	sociation and fee	(s) are submitted for filing.
Please	return all correspondence concern	ing this matter to	:
Antor	n Boyarkin		
	(Contact Person)		_
The H	Hookah Lab, LLC		
	(Firm/Company)		_
300 S	Biscayne Blvd, apt 3409		
	(Address)		<del></del>
Miam	ii, FL 33131		
	(City/State and Zip Code)	<del></del>	_
For fu	rther information concerning this m	natter, please call	:
Anton	n Boyarkin	786	3072150 
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
	sed please find a check made payab Filing Fee		Department of State for: g Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section
Divisio	on of Corporations		Division of Corporations
	Building		P.O. Box 6327
	Executive Center Circle assee, Florida 32301		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)

The	Himited liability company as Hookah Lab, LLC		of the Florida Department	
2. The Florida doe L1900005216			ility company is:	
3. The date this me Alena Kozhs	ember/manager withdrew/res	-	04/08/2019 ign is:	
A, I	iame of Person Resigning)	, hereby withdraw/res	iign as a	
of this limited lia resignation in wr				
Signature of D	ssociating Member of Resig	ning Manager		e:
	\$25.00 (Required) \$30.00 (Optional)		22 PM 5	