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(Re	questor's Name)			
(Add	dress)	<u> </u>		
(Ad	dress)			
(Cit	y/State/Zip/Phone #	<del>f</del> )		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	y)		
(Do	cument Number)			
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gutt Gate Smote Slop  (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Michael Custode (Contact Person)	
Gult Gate Smoke Shop	
6623 Superior ave.	
Sarasota FZ 34231 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Custacle at 310, 617-2730 (Area Code & Daytime Telephone Number)	
Englosed please find a check made payable to the Florida Department of State for:	
¥\$25 Filing Fee	

#### 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)





# DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

I. The name of the li	mited liability company as it	appears on the records	of the Florida Department
of State is:	Suff Gate	Smoke	Snop_
2. The Florida docum	nent/registration number assig	gned to this limited liab	ility company is:
W1900	B043172	<del>.</del>	
3. The date this mem	ber/manager withdrew/resign	ned or will withdraw/res	sign is: May 14th
4. I. Justiv	ne of Person Resigning)	, hereby withdraw/re	sign as a
Mana	Ger		
of this limited liabi resignation in writi	lity company and affirm the l	imited liability compan	y has been notified of my
Anton	Tarella		
Signature of Diss	ociaing Member or Resignir	ig Manager	
~	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)	•	