L20000 294561

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(Address)			
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COVER LETTER

TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	IKES SMOKE SHOP, LLC		
		(Name of Lir	nited Liability Cor	npany)
The er	nclosed	d member, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please	return	all correspondence concerning	this matter to:	
ELSIS	RODRI	IGUEZ		
		(Contact Person)		_
IKES S	SMOKE	SHOP, LLC		
-		(Firm/Company)	<u> </u>	_
7801 N	₹W 95 S	ST SUITE 3		
		(Address)		_
HIALE	EAH GA	ARDENS, FL 33016		
	·	(City/State and Zip Code)		_
For fu	ırther i	nformation concerning this mat	ter, please call:	
ELSIS	RODRI	IGUEZ	786 at (306-1459
	(N	lame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 a: S SMOKE SHOP, LLC	s it appears on the records of the Florida Department
2. The Florida doc L20000294561	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
ISARFI SANT.	ΔΝΑ	, hereby withdraw/resign as a
	(Print Title) bility company and affirm thiting.	ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	2020 OCT -5 PM