

L21000151347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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FLORIDA DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZERO GRAVITY SMOKE SHOP, LLC
(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:

Louis M. Barrios-Balbin
(Contact Person)

Barrios-Balbin, P.A.
(Firm/Company)

201 Alhambra Circle, Suite 500
(Address)

Coral Gables, Florida 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Leonardo Pastrana at (305 316-5730)
(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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Zero Gravity Smoke Shop, LLC

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

L21000151347

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/30/2023

4. I, Leonardo Pastrana, hereby withdraw/resign as a
(*Print Name of Person Resigning*)

Member / Manager
(*Print Title*)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Leonardo Pastrana".

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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