L21000351450

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
ertified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
: · _	
TATE ATTOM	
SUPPLIES CONTRACTOR	
FILE RETARY NP OF CO	Office Use Only
ECF FICE	



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DE/29/22 --01029--011 **25.00

Division TALLAHASSEE, FLORIDA

RECENTED

J DERINIS JUN³⁰ 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gorilla Cigars LLC				
·				
	·		}	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			<u> </u>	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature			 	Fictitious Owner Search
·				Vehicle Search
				Driving Record
Requested by: SETH	06/28	,		UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Walle In	were by the			UCC Retrieval
Walk-In Thomasville, GA 8/00	Will Pick Up			Courier

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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
	Gorilla Cigars LLC		
SUB.	JECT:		
	(Name o	of Limited Liability	Company)
The e	enclosed member, resignation or di	ssociation and fe	ee(s) are submitted for filing.
Pleas	e return all correspondence concer	ning this matter	to:
Andre	w R. Friedman		
	(Contact Person)		-
Friedr	nan, Rosenwasser & Goldbaum, P.A.		
	(Firm/Company)		
27301	Banyan Road, Unit 22-B		
	(Address)		-,
Boca	Raton, FL 33432		
	(City/State and Zip Code)		_ _
For f	urther information concerning this	matter, please ca	di:
Andre	w R. Friedman	859	749-7946
		at ()
	(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclo	osed please find a check made paya	ble to the Florid	a Department of State for:
	5 Filing Fee		ing Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

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)

	e limited liability company as it appears on the records of the Florida Department
	·
2. The Florida do L21000351450	cument/registration number assigned to this limited liability company is:
3. The date this management	June 16, 2022 nember/manager withdrew/resigned or will withdraw/resign is:
4. I,	Name of Person Resigning), hereby withdraw/resign as a
	(Print Title)
of this limited linguistresignation in w	ability company and affirm the limited liability company has been notified of my riting.
_ Draw	Carried
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)