121000438109

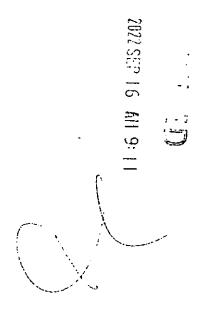
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100393950571

grade iller of error we re



COVER LETTER

Tobaccoers LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000438109 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the unders	igned,		
United States Corporation Agents, Inc.		hereby resigns as			
	Total grib to				
Registered Agent for To	baccoers LLC				
	Name of Lim	ited Liability Company		,	
L21000438109					
Document Nu	mber, if known				
A copy of this resignatio	n was mailed to the a	above listed limited liability co	ompany at its last known ad	dress.	
The agency is terminated	d and the office disco	ntinued on the 31st day after t	he date on which this stater	ment is	filed.
		au			
		Signature of Resigning Agent			
If signing on behalf of ar	n entity:			• •	
	Cheyenne Moseley			2022 SED 16	
	T	yped or Printed Name		:2	
Asst. Secretary for United States Corporation Agents, Inc.		nts, Inc.	ن 		
Capacity				•	
				AH 9: 1	ار د
			•	ب	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	l/ voluntarily dissolved/	=	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314