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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Section Division of Cσrporations		
Smokin' Acez Vape & Lounge LLC SUBJECT:		
(Name of Limite	ed Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted Please return all correspondence concerning this matter to		
Daniella James		
(Nan	ne of Person)	
Smokin' Royalty		
(Fin	m/Company)	
10910 N 30th St. Unit 103		
	(Address)	
Tampa, FL 33612		
(City/Sta	nte and Zip Code)	
For further information concerning this matter, please call	;	
Stella M Saunders	813 734-1389 at ()	
(Name of Person)	at () (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\Boxed{\omega}\$ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
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	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2022 MAR 29 PM 2: 01

			EARS LIVIN C.
. The name of a limited liabili SMOKIN ROYALTY LLC	ty company is		SECRETARY OF STATE TALL AHASSEE, FL
The Articles of Organization	n were filed on _	03/02/2022	and assigned
document numberL220001	108600		
The delayed effective date the (effective Note: If the date inserted in the listed as the document's effective to the content of the content	date cannot be prior	t meet the applicable stati	atory filing requirements, this date will not be
-605.0707. Florida Statutes. (c	copy bustuit (on back cover retter).	npany's dissolution pursuant to section
The name of the business has to	o change from Sn	iokin' Acez due to a Trad	lemark infringement agreement.
. If there are no members, ent	ter the name and	I address of the person	appointed to wind up the company's nders, General Manager
activities and affairs:	irs: Daniella James, Owner or Stella M Saunders, General Manager 10910 N 30th Street, Unit 103		
	Tampa, FL 330	612	
6. Signature of an authorized pabove to wind up the company	person or if ther	e are no members, the l affairs:	signature of the person appointed and list
6. Signature of an authorized pabove to wind up the company Mellen Yaurdur	person or if ther	e are no members, the Laffairs: Stella M Sa	

FILING FEE: \$25.00