## L22000318180

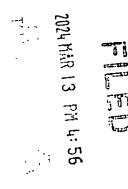
(Requestor's Name)
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## COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: HAF Smoke Shop LLC	
(Name o	f Limited Liability Company)
The enclosed member, resignation or di	ssociation and fee(s) are submitted for filing.
Please return all correspondence concer-	ning this matter to:
Wency Germinal	
(Contact Person)	
HAF Smoke SHop LLC	
(Firm/Company)	
6970 Pembroke Road	
(Address)	
Pembroke Pines/FL/33023	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Wency Germinal	561 774-3221 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	able to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
rananassec. 1 i. 32314	Tallahassee, FL 32303

TO:



## 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)

HAF S	Smoke Shop LLC	y as it appears on the records of the Florida	-
2. The Florida docu	.ment/registration numbe	er assigned to this limited liability company	is:
L22000318180			
3. The date this men 4. I, Robert Beabrun (Print No. MGR	mber/manager withdrew/ 'ame of Person Resigning)	/resigned or will withdraw/resign is:	023 HAR 13 PH 4:
	(Print Title)		4: 56
resignation in wri		n the limited liability company has been no esigning Manager	.;•
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)