

L23000014118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

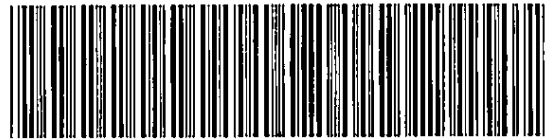
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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Dissociation

AUG 04 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CC Smokes 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:

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ Omarion Coleman
(Contact Person)

CC Smokes LLC
(Firm/Company)

8419 Margarita dr
(Address)

Orlando FL, 32817
(City/State and Zip Code)

For further information concerning this matter, please call:

Damani Pience at (407) 638 0164
(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

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2023

OMARION COLEMAN
CC SMOKES LLC
8419 MARGARITA DR
ORLANDO, FL 32817

SUBJECT: CC SMOKES LLC
Ref. Number: L23000014118

We have received your document for CC SMOKES LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

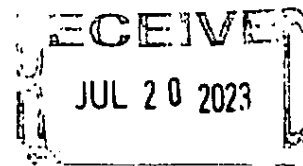
You are not listed as the registered agent you are listed as an Authorized Representative. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 423A00012665





FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: CC Smokes LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000014118

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/18/23

4. 1. Onorel Onorion Connor, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Representative
(Print Title)

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

Onorel

Signature of Dissociating Member or Resigning Manager

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