L23 000 250 56

(Re	equestor's Name)	<u> </u>			
,	,				
(Address)					
(Address)					
		40			
(Cı	ty/State/Zip/Phone i	#)			
PICK-UP	MAIT	MAIL			
(Bi	usiness Entity Name	€)			
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900425596599

03/19/24-+01003--007 **75.00

2024 HAR 19 PM 4: 28
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ	JECT:	
	(Name of L	imited Liability Company)
The e	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concernin	ng this matter to:
Scott 1	Mason	
	(Contact Person)	
Jefe C	igar Lounge LLC	2021 SE
	(Firm/Company)	TALL
137 N	Spring Lake Dr	A 19
	(Address)	
Altam	onte Springs, FL 32714	
	(City/State and Zip Code)	ार
For fi	arther information concerning this ma	atter, please call:
Scott !	Mason	321 4397168 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable	e to the Florida Department of State for:
	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section Division of Corporations	Registration Section 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)

1. The name of the	limited liability company as	s it appears on the record	ls of the Florida Department
of State is:	Cigar Lounge LLC		DZN HAR TALLL
2. The Florida docu L23000025056	ument/registration number as	ssigned to this limited lia	ability company is: 5
3. The date this me	mber/manager withdrew/res	signed or will withdraw/r	resign is: 03/04/2024 \\ \times \\ \
	ame of Person Resigning)		
Mgr and registere			
-	(Print Title)		
of this limited lial resignation in wr	bility company and affirm thiting.	ne limited liability compa	any has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		