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COVER LETTER

Division of Corporations jm hookah and more He SUBJECT: (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: Sam Moutraji (Contact Person) Jm hookah and more llc (Firm/Company) 10075 gate pkwy nourth, apt 710 (Address) jacksonville / Florida / 32246 (City/State and Zip Code) For further information concerning this matter, please call: Sam Motraji at ((Area Code & Davtime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable 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 Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

TO:

Registration Section



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	it appears on the records of the	e Florida Depar	tment
of State is: Jm ho	okah and more IIc			
2. The Florida docu	iment/registration number as	ssigned to this limited liability of	company is:	
L230002	SS314			
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign i	s:	
4. I. Sam Moutraji, hereby withdraw/resign as a			as a	
(Print N	ame of Person Resigning)	,,		
AMBR				
	(Print Title)			
of this limited lial resignation in wr	· · · · · · · · · · · · · · · · · · ·	e limited liability company has	s been notified o	of my
Signature of Di	ssociating Member or Resig	ning Manager	2023 JUN	SECRE
Filing Fee:	\$25.00 (Required)		≥	S. ₹
Certified Copy:	\$30.00 (Optional)		2	ארני ארני ארני