## L23000405465

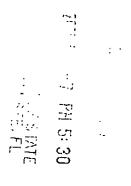
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	—
(Document Number)	
(Socialistic Names)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
Century Cigars LLC SUBJECT:	
(Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Constantinos Ampazis	_
(Contact Person)	
Century Cigars LLC	·}.
(Firm/Company)	
4771 Pineview Circle	:
(Address)	- · · · · · · · · · · · · · · · · · · ·
Delray Beach, FL, 33445	PH 5: 30 SEE, FL
(City/State and Zip Code)	- 건설 V
For further information concerning this matter, please call:	
Constantinos Ampazis 305	409 8101
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D  \$25 Filing Fee  \$55 Filing	Department of State for: g 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



## 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)

	limited liability company as it appears on the reco	ords of the Florida Department
of State is: Cent	ury Cigars LLC	
2. The Florida doc 1.23000405465	ument/registration number assigned to this limited	liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdra	w/resign is:
4. I. Amanda Mejias (Print Amanda Mejias V	, hereby withdra	₩/resign as a
	(Print Title)	
of this limited lia resignation in the	bility company and affirm the limited liability contiting.	npany has been notified of my
Signature of D	issociating Member or Resigning Manager	· <u>· · · · · · · · · · · · · · · · · · </u>
=	\$25.00 (Required) \$30.00 (Optional)	-7 PH 5:3