

L23000405465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

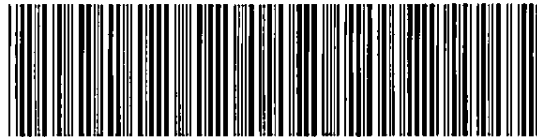
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/07/24--01051--015 **25.00

08/07/24 7:30 PM
STATE
FL

08/07/24



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 Florida Department of State is: Century Cigars LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000405465

3. The date this member/manager ~~withdrew/resigned~~ or will ~~withdraw/resign~~ is: 8/01/2024

4. I, Amanda Mejias Vargas, hereby ~~withdrew~~/resign as a

(Print Name of Person Resigning)

Amanda Mejias Vargas

Chief Operating Officer

(Print Title)

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

Amanda Mejias

Signature of Dissociating Member or Resigning Manager

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

2024 - 7 PM 5:30
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL