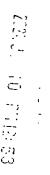
L 24 000 235588

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	····
(Cí	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	J. HO	RNE
	Office Us	19 500



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COVER LETTER

TO: Regi	stration Section		
Divi	sion of Corporations		
SUBJECT:	T & C Tobacco and Cigar LLC		
		Limited Liability Cor	mpany)
The enclosed	d member, resignation or dis	sociation and fee(s	s) are submitted for filing.
Please return	n all correspondence concern	ing this matter to:	
Jessica Oppenl	heimer		
	(Contact Person)		_
T & C Tobacco	o and Cigar LLC		
	(Firm/Company)	<u>.</u>	_
PO BOX 1612	25		
	(Address)	 -	_
Altamonte Spr	ings, Florida 32716		
	(City/State and Zip Code)		_
For further is	nformation concerning this n	natter, please call:	
Jessica Oppenl	heimer	407 at (724-6969
(N	lame of Contact Person)		& Daytime Telephone Number)
Enclosed ple	ease find a check made payab	le to the Florida D	Department of State for:
\$25 Filing	g Fee	■ \$55 Filing	Fee & Certified Copy
<u>Mailir</u>	ng Address:		Street Address:
Registration Section		Registration Section	
•		Division of Corporations	
		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



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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 records of the Florida Department Tobacco and Cigar LLC
2. The Florida docu L24000235588	ment/registration number assigned to this limited liability company is:
4. I,	mber/manager withdrew/resigned or will withdraw/resign is: 06/01/2024
A	ame of Person Resigning) Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)