

W9000078843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WILLIAMSBURG, VIRGINIA

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SECRETARY OF STATE
WILLIAMSBURG, VIRGINIA



FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: I20210000160 Amount: paid 25..00

Authorization Signature

Chaos Neuromorphics I.L.C L19000078843

Business Name

Document #

Walk in

___ Pick up time ___

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___ Photocopy

___ **Certified Copy (s)**

___ **Certificate of Status**

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ **CORP**
___ LLLP

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ **ARTICLES OF CORRECTION**
___ APOSTIL ()
Country

AMMENDMENTS

___ Amendment
___ **X** Resignation of R.A. or Officer/Director
___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ **Conversion**
___ Articles of Conversion
___ Resignation

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement
___ Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32309
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___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chaos Neuromorphics LLC
(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:

Gabriel Govinda info@chaosneuro.com
(Contact Person)

Chaos Neuromorphics LLC
(Firm/Company)

224 Riddick Hall North Carolina State University
(Address)

Raleigh, NC, 27696
(City/State and Zip Code)

For further information concerning this matter, please call: email preferred as in Australia
info@chaosneuro.com

Gabriel Govinda at () +61 422 882 788
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Chaos Neuromorphics LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000078843

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1st September 2022

4. I, Gabriel Govinda, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager / Organizer and Member
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

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TALLAHASSEE, FL