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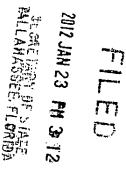
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, Florida 32301

CR2E079 (5/06)

SUBJECT: Mindful Therapeutics, LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jana Csenger (Contact Person) Mindful Therapeutics, LLC (Firm/Company) 10621 Airport Pulling Rd. Suite 7 (Address) Naples, FL 34109 (City/State and Zip Code) For further information concerning this matter, please call: Jana Csenger (Area Code & Daytime 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 STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the FI ful Therapeutics, LLC	orida D	Departn	nent
2. This limited liab State of Florid	ility company was organized under the laws of: a	於流 / Mail MLL Aff Acts	2012 JAN 23	
3. The Florida document/registration number of this limited liability company is: L10000042494		Y ST SINGE	2 E H 3	Ċ
4. I, Susan Harper , hereby resign as a MGRM (Print Name of Person Resigning) (I		Print Title	e)	
of this limited lial resignation in wri	pility company and affirm the limited liability company has be ting.			my
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing Member or Manager \$25.00 (Required) \$30.00 (Optional)			