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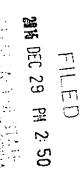
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations				
SCHOLE I.	mited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning	g this matter to:			
Monica Lyskar (Contact Person)	<i>) 0</i>			
(Firm/Company)				
15 Kensington Road (Address)	Apt #810			
Brampton, Ontario (City/State and Zip Code)	LGT 3WZ Canada			
For further information concerning this ma	tter, please call:			
Monica Lyskawa (Name of Contact Person)	at (786) 523-4545 (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)

Tallahassee, Florida 32301

.

TO:

Registration Section



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)

	nited liability company as it appears on the records of the Fl	orida Department
of State is:	KARDMIT LLC	··································
2. The Florida documen	ent/registration number assigned to this limited liability com	npany is:
Reg. No. 4 377	+ 448 L12000050893 - D)OCUMent 井.
	er/manager withdrew/resigned or will withdraw/resign is:	
4. I, Monica (Print Name	hereby withdraw/resign as a sof Person Resigning)	ı
Manage	or and Founder.	
of this limited liability resignation in writing	ty company and affirm the limited liability company has been g.	en notified of multiple PEC 29
Signature of Dissoc	ciating Member or Resigning Manager	PN 2: 50
Filing Fee: S Certified Copy: S	, • ·	> - O
confined copy.		