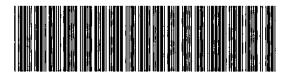
## 117000116826

| (Re                     | questor's Name)     |              |
|-------------------------|---------------------|--------------|
| (Ad                     | dress)              | <u> </u>     |
| (Ad                     | dress)              |              |
| (Cit                    | y/State/Zip/Phone # | <i>\$</i>    |
| PłCK-UP                 | WAIT                | MAIL         |
| (Bu                     | siness Entity Name  | <del>)</del> |
| (Do                     | cument Number)      | <u> </u>     |
| Certified Copies        | _ Certificates o    | of Status    |
| Special Instructions to | Filing Officer:     |              |
| ·<br>:                  |                     |              |
|                         |                     |              |
|                         |                     |              |
|                         |                     |              |

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

| Div                                    | ision of Corporations                             |   |  |  |
|--|---|---|--|--|
| SUBJECT:                               | KARMA PROPERTIES LLC                              |   |  |  |
| (Name of Limited Liability Company)    |   |   |  |  |
| No                                     | A Adiaba of Dissalution and Cov(s) are a business | o Le Cello  |  |  |
|  | d Articles of Dissolution and fee(s) are submit   | •   |  |  |
| lease return                           | all correspondence concerning this matter to      | the following:  |  |  |
|  | MANOJ DUWADY                                      |   |  |  |
|  | (Nar  | ne of Person)   |  |  |
|  | (Fin  | ti/Company)   |  |  |
|  | 17029 SAVANNAH SPRINGS                            | LN  |  |  |
|  | (   | Address)  |  |  |
|  | ORLANDO, FL 32820                                 |   |  |  |
|  | (City/Sta   | te and Zip Code)  |  |  |
| For further in                         | nformation concerning this matter, please call:   |   |  |  |
| M                                      | ANOJ DUWADY                                       | 703 618-8347  |  |  |
|  | (Name of Person)                                  | (Area Code & Daytime Telephone Number)  |  |  |
| Enclosed is a                          | check for the following amount:                   |   |  |  |
| <b>∠</b> \$25.                         | .00 Filing Fee and Certificate of Dissolution     | <ul> <li>\$55.00 Filing Fee, Certificate of Dissolution &amp;<br/>Certified Copy (additional copy is enclosed)</li> </ul> |  |  |
|  | MAILING ADDRESS:                                  | STREET/COURIER ADDRESS:   |  |  |
|  | Registration Section                              | Registration Section  |  |  |
|  | Division of Corporations                          | Division of Corporations  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   | Clifton Building 2661 Executive Center Circle   |  |  |
|  |   | Tallahassee, FL 32301   |  |  |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| ed on AUGUST 19, 2013 and assigned   |
|--|
| <del></del>  |
| ation if not effective on the date of filing:  be prior to or more than 90 days later than date document is received for filing) |
| Ited in the limited liability company's dissolution pursuant to section .0707 on back cover letter).                             |
|  |
| <u> </u>   |
|  |
| ne and address of the person appointed to wind up the company's  |
|  |
|  |
|  |
| if there are no members, the signature of the person appointed and ctivities and affairs:  |
| if there are no members, the signature of the person appointed and ctivities and affairs:  |
|  |