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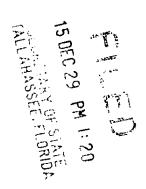
COVER LETTER

TO:	_	tration Section ion of Corporations			
SUBJ	ECT:	REGIME MAGAZINE LLC			
		(Name of Limit	ted Liability Con	npany)	
The er	nclosed	member, resignation or dissocia	tion and fee(s) are submitted for filing.	
Please	return	all correspondence concerning the	his matter to:		
Andre	ea-Vic	toria Lisbon			
		(Contact Person)		_	
Cove	nant H	loldings & Design LLC			
	•	(Firm/Company)		-	
1250	South	Miami Avenue Suite 2215			
		(Address)		_	
Miam	i Flori	da 33130			
		(City/State and Zip Code)		_	
For fu	rther in	formation concerning this matte	r, please call:		
Andre	ea-Vic	toria Lisbon	954	830-2973	
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \\$25 \text{ Filing Fee & Certified Copy}\$					
Regist Division Clifton 2661 E	ration on of Constitution Build Execution	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	GIME MAGAZINE LLC
2. The Florida doc L140000051	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: 12/01/2015
4. I, Mia L. Cunn	
MGR	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
M.	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
L PRILLIPA L ANV	NOTHER DUMPAIN