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(((H150000296363)))

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : 120120000007

: (702) B66-2500

Phone Fax Number

(702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC REGISTERED AGENT RESIGNATION FAST KARMA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

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## **COVER LETTER**

TQ:	Registration Section
	Division of Corporations

2456014

SUBJECT: FAST KARMA	A LLC		•	
DOCUMENT NUMBER:	Name of Lin L140000083	nited Liability 180	Company	
The enclosed Resignation of R for filing.	egistered Agent i	for a Limited	Liability Company and fee are submitted	d
Please return all correspondenc	e concerning this	s matter to th	ne following:	
Wendy Hefley				
Name of	Person		,	
Incorp Services, Inc.				
Name of Firm	n/Company		•	
2360 Corporate Circle, Sui	te 400			
Addr	CSS		•	
Henderson, NV 89074				
City/State an	d Zip Code		•	
pracessing@incorp.com				
E-mail address: (to be used for	future annual report	notification)	•	
For further information concen	ning this matter,	piease cali:		
Incom Services, Inc./Wendy	at		866-2500 ext 6601	
Name of Person		Area Code	Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

## **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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11111

01:31:12 p.m. 02-04-2015 3/6

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5, Florida Statutes, the unde	rsigned,	
Incorp Services,	Inc.		, hereby resigns as	
	Name of Registered Ages		' ( 1101 5.0.)	
Registered Agent for	FAST KARMA LL	C		**************************************
	Name of Lin	ited Liability Company		
L14000008:	360			
Document	Number, if known	<del></del>		
A copy of this resigna	tion was mailed to the s	above listed limited liability	company at its last known	ı address.
The agency is termina	ated and the office disco	ntinued on the 31st day after	# the date on which this st	atement is filed.
If signing on behalf of	<del>*</del>	Significant Resigning Agent		THE TILL
		or Incorp Services Inc.		金色 8
	Authorized Repr	yped or Printed Name 'esentative		STATE TO THE
		Capacity		明まり
	FILING \$ 85.00 \$ 25.00	Active limited liability of	ompany ed/ voluntarily dissolved/ iity company	9: 26 STATE

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahusee, FL 32314