L'H000196949

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Oity/State/Zip/Filotie #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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S. WARREN JAN 03 7018

COVER LETTER

| Division of Corporations | | |
|---|--|--|
| SUBJECT: COSMIC KARMA, LIC (Name of Limited Liability | ty Company) | |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matte | er to: | |
| Snay Jones (Contact Person) | | |
| (Contact Person) (SALVA, UC (Firm/Company) | | |
| (Firm/Company) | | |
| 960 Thelma Street | | |
| (Address) | | |
| City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Name of Contact Person) at (38) | 6 , 456-0165 | |
| (Name of Contact Person) (Area (| Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the Flori \$25 Filing Fee \$355 F | da Department of State for: iling Fee & Certified Copy | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section Division of Corporations | Registration Section | |
| Division of Corporations | Division of Corporations | |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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: LOSMIC KARMA LLC |
|--|
| 2. The Florida document/registration number assigned to this limited liability company is: |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: () clober 20, 20, 7 |
| 4. I,, hereby withdraw/resign as a (Print Name of Person Resigning) |
| MGRM |
| (Print Title) |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| Signature of Dissociating Member or Resigning Manager |
| Filing Fee: \$25.00 (Required) |
| Certified Copy: \$30.00 (Optional) |
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