L150000	511026
(Requestor's Name) (Address) (Address)	200278816382
(City/State/Zip/Phone #)	11/05/1501010013 **25.00
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	15 NOV - 5 PH 12: 34 SUFFICIENTY OF FILING
Office Use Only	APPHOVEL FILED SECREDIEN OF STATE MILAHASSEF PLORIDA 100 05 AMERICA

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Cinna - Curez Research & Development Conder LLC (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Firm/Company)

15500-A George Blud (Address)

Cirv/State and Zip Code)

For further information concerning this matter, please call:

Name of Contact Person) at (678) 576 - 0479 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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: Canna - Cures Research & Development Center LLC

2. The Florida document/registration number assigned to this limited liability company is:

6 15000051626

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug. 10, 2015

4. I, <u>Joseph V. Sangmett</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

Manager

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissocrating Member or Resigning Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)

NUA -2 64 5:

CR2E079 (2/14)