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COVER LETTER

CR2E079 (2/14)

TO:	Registration of Division of the Control of the Cont	on Section f Corporations			
SUBJ	ECT:	COOL.MED	MA, LLC		
		(Name o	f Limited Lia	ibility Con	npany)
The e	nclosed mer	nber, resignation or dis	sociation a	and fee(s	s) are submitted for filing.
Please	e return all c	orrespondence concerr	ing this m	atter to:	
		Meeshel Prado			
		(Contact Person)			_
<u>L</u>		(Firm/Company)			<u>J</u>
		1522 Aileron Ave			
		(Address)			_
		La Puente, CA 91744			
		(City/State and Zip Code)	 		_
For fu	rther inform	nation concerning this r	matter, plea	ase call:	
	Mees	shel Prado	at (858) 222 - 2803
	(Name o	of Contact Person)		rea Code	& Daytime Telephone Number)
	sed please fi Filing Fee	ind a check made paya			Department of State for: g Fee & Certified Copy
		IER ADDRESS:			MAILING ADDRESS:
_	tration Secti				Registration Section
	on of Corpo	erations			Division of Corporations
	n Building Executive C	antos Cisola			P.O. Box 6327
	iassee, Flori				Tallahassee, Florida 32314



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 ap	pears on the records of the Florio	da Depai	rtmen	nt
of State is:	COOL.MEDIA, LLC				
2. The Florida doc	ument/registration number assigne	ed to this limited liability compa	ny is:		
3. The date this me	mber/manager withdrew/resigned	or will withdraw/resign is:	y 2018		
4. I, Meeshel I	Prado Tame of Person Resigning)	, hereby withdraw/resign as a			
AMBR - A	Authorized Member				
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the lim	ited liability company has been i	notified	of my	Y
fu	Aprile		SECRET	19 MAR	71
Signature/of Di	Manager	SSEE, F	-6 PH	FILED	
	\$25.00 (Required)				_
Certified Copy:	\$30.00 (Optional)		<u>5</u> 57	Ė	