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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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JUN 04 2018

TO: Registration Section
Division of Corporations

(Name of Limited Liability Company)

(Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

☐ S55 Filing Fee & Certified Copy

Registration Section
Division of Corporations
P.O. Box 6327
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)

FILED
JUN - 13 2018
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CANNABIS CURES INVESTMENTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000260678

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/30/2018

4. I, BRADY J. COBB, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

A handwritten signature in black ink, appearing to read "Brady J. Cobb", written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)