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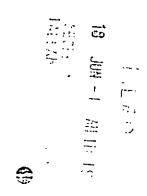
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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TO:

CR2E079 (2/14)

Registration Section Division of Corporations

CANNABIS CURES INVESTMENTS, 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: **BRADY J.COBB** (Contact Person) COBB EDDY PLLC (Firm/Company) 642 NE 3RD AVENUE (Address) FORT LAUDERDALE, FL 33304 (City/State and Zip Code) For further information concerning this matter, please call: BRADY J. COBB 954 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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)

		•	2
	limited liability company as	s it appears on the records of the Florid MENTS, LLC	la Department
2. The Florida docu L17000260678	-	ssigned to this limited liability compan	ıy is:
BDADY I CO	700	signed or will withdraw/resign is:	0/2018
MANAGER	une of Person Resigning) Print Title)	, hereby withdraw/resign as a	
of this limited liab resignation in wri	oility company and affirm th ting.	ne limited liability company has been n	otified of my
Signature of Dis	ssociating Member or Resig \$25.00 (Required)	ining Manager	

Certified Copy:

\$30.00 (Optional)