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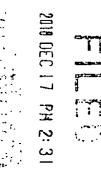
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## **COVER LETTER**

Division of Corporations		,	
SUBJECT: LIMIK ENTERPRISE LLC			
(Name of Limi	ited Liability Con	npany)	
The enclosed member, resignation or dissocia	ation and fee(s	) are submitted for filing.	
Please return all correspondence concerning to	this matter to:		
Marci Lowman, Esq.			
(Contact Person)	<del></del>	_	
Lowman Law, P.A.			2
(Firm/Company)		<u>"</u> 1.	3 910
8620 NE 2 Avenue		)	2018 DEC 17 PK
(Address)		- (*) (*********************************	~ ~
Miami, Florida 33138			)H 2: 3
(City/State and Zip Code)		- ************************************	<u> </u>
For further information concerning this matter	er, please call:	·	
Marci Lowman, Esq.	786 at (	703-4162	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	•
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
2661 Executive Center Circle		Tallahassee, Florida 32314	

Tallahassee, Florida 32301

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)

	limited liability company as it K ENTERPRISE LLC	appears on the records of the Flo	orida De	partme	ent 
2. The Florida doc L1800027524		gned to this limited liability com	ipany is:		
4. I, SHANNON S (Print N Authorized M	SOOKHOO  'ame of Person Resigning)	ned or will withdraw/resign is:, hereby withdraw/resign as a	<u> </u>	18	_
resignation in wr		imited liability company has bee			
Signature of Di	ssociating Member or Resignin \$25.00 (Required) \$30.00 (Optional)	ig Manager	White Share the Conf.	2010 DEC 17 PH 2:	CERTAIN STATE OF THE STATE OF T