M08000004886

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Chakra Jewels, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

orraine Nichol	
(Name of Person)	
Chakra Jewels, LLC	
(Firm/Company)	
257 SW Becker Road	
(Address)	
Port Saint Lucie, FL 34953	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Lorraine Nichol

_{at (}772

323-0114

(Name of Person)

(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

□ \$25 Filing Fee

■ \$30 Filing Fee & Certificate of Status

□ \$55 Filing Fee & Certified Copy

■ \$60 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Chakra Jewels, LLC
(Name of limited liability company)
Colorado
(Jurisdiction of its organization)
M08000004886
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
257 SW Becker Road
(Mailing address)
Port Saint Lucie, FL 34953 (City/State/Zip)
(Olly/Suite/Elp)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Soreane melo
(Signature of member or authorized representative of a member)
Lorraine Nichol
(Typed or printed name of signee)

Filing Fee: \$25.00